

# THE TIMES AND REGISTER.

A Weekly Journal of Medicine and Surgery.

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Single Numbers  
10 cents.

## PHYSICIANS' STANDARD REMEDIES — THE — VIBURNUM COMPOUND

— OF —

### DR. HAYDEN,

For Female Disorders and the Uric Solvent for all Diseases of the Kidneys.

These remedies are too well known to the profession to require comment from us.

Dispensed by all Reliable Apothecaries.

## A PHOSPHORIZED CEREBRO-SPINANT. (FRELIGH'S TONIC.)

### FORMULA.

Ten minims of the Tonic contain the equivalents (according to the formulæ of the U. S. P. and Dispensatory) of:

Tinct. Nux Strychnos . . . . .	1 minim.	Tinct. Gentian . . . . .	$\frac{1}{4}$ minims.
" Ignatia Amara . . . . .	1 "	" Columbo . . . . .	$\frac{1}{4}$ "
" Cinchona . . . . .	4 "	Phosphorus, C. P. . . . .	1-300 gr.
" Matricaria . . . . .	1 "	Aromatics . . . . .	2 minims.

Dose.—Five to ten drops in two tablespoonfuls of water.

### INDICATIONS.

PARALYSIS, NEURASTHENIA, SICK AND NERVOUS HEADACHE, DYSPEPSIA, EPILEPSY, LOCOMOTOR ATAXIA, INSOMNIA, DEBILITY OF OLD AGE, AND IN THE TREATMENT OF MENTAL AND NERVOUS DISEASES.

One of the most widely known physicians in the country, residing in Washington, says: "The elegance of the formula, the small dose required, and its potency go far to recommend the Tonic to the profession in that large class of neuroses so common among brain workers in this country."

A well-known physician of Chicago, in practice since 1859, says: "It will be a revelation to most physicians. I have found it peculiarly adapted to the mentally overworked public school teachers, as well as the worn-out business man."

"I consider it the best Nerve Tonic I have ever used," says a Troy physician of thirty-four years of active practice.

"A Philadelphia physician says: 'Your Tonic is a noble remedy. Some of my patients call it 'The Elixir of Life.' In Atonic Dyspepsia and as an aphrodisiac it cannot be excelled."

The above and many similar letters from the profession can be examined at our office.

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**PRICE, \$1.00 PER BOTTLE, Containing 100 of the Average Five-drop Doses.**

Physician's single sample delivered, charges prepaid, on application.

That each physician may be his own judge of its value, irrespective of the opinions of others, we make the following **SPECIAL OFFER.** We will send to any physician, delivered, charges prepaid, on receipt of 25 cents, and his card or letter-head, half a dozen physician's samples sufficient to test it on as many cases for a week to ten days each.

The Tonic is kept in stock regularly by all the leading wholesale druggists of the country.

As we furnish no samples through the trade, wholesale or retail, for samples, directions, price-lists, etc., address,

**I. O. WOODRUFF & CO.,** Manufacturers of Physicians' Specialties.

88 Maiden Lane, New York City.

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# GARDNER'S Syrup of Hydriodic Acid. INTRODUCED IN 1878.

**T**HE REPUTATION which **HYDRIODIC ACID** has attained during the past eight years was won by this preparation. Numerous imitations, prepared differently, and weaker in Iodine, are offered, from the use of which the same therapeutic effects cannot be obtained.

In ordering or prescribing, therefore, please specify "**GARDNER'S**," if the results which have given this preparation its reputation are desired.

## CAUTION.

Use no Syrup of Hydriodic Acid which has turned **RED**. This shows decomposition and **FREE Iodine**. In this state it acts as an irritant, and fails to produce desirable results.

Descriptive pamphlets and details of treatment in Acute Rheumatism, Hay Fever, Asthma, Bronchitis, Adenitis, Eczema, Lead Poison mailed to Physicians without charge upon application to undersigned.

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## Chemically Pure Syrups of Hypophosphites.

Embracing the separate Syrups of Lime, of Soda, of Iron, of Potassa, of Manganese, and an Elixir, of the Quinia Salt; enabling Physicians to accurately follow **Dr. Churchill's** methods, by which thousands of authenticated cases of Phthisis have been cured. The only Salts, however, used by **Dr. Churchill** in Phthisis, are those of Lime, of Soda, and of Quinia, and always separately according to indications, never combined.

The reason for the use of single Salts is because of antagonistic action of the different bases, injurious and pathological action of Iron, Potassa, Manganese, etc., in this disease.

These facts have been demonstrated by thirty years' clinical experience in the treatment of this disease exclusively, by **Dr. Churchill**, who was the first to apply these remedies in medical practice.

Modified doses are also required in this disease.

Seven grains during twenty-four hours being the maximum dose in cases of Phthisis, because of increased susceptibility of the patient to their action, the danger of producing toxic symptoms (as hemorrhage, rapid softening of tubercular deposits, etc.), and the necessity that time be allowed the various functions to recuperate, simultaneously, the over-stimulation of one, by pushing the remedy, resulting in crisis and disaster.

A pamphlet of sixty-four pages, devoted to a full explanation of these details and others, such as contraindicated remedies, indications for the use of each hypophosphite, reasons for the use of absolutely pure Salts, protected in syrup from oxidation, etc., mailed to physicians, without charge, upon application to

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It is advertised exclusively in medical journals.*

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**FORMULA.—Each Dose contains:**

Pure Cod Liver Oil.....80 m. (drops)	Soda.....1-2 Grains
Distilled Water.....35 "	Salicylic Acid.....1-4 "
Soluble Pancreatin..... 5 Grains.	Hyocholeic Acid.....1-20 "

**Recommended and Prescribed by  
EMINENT PHYSICIANS Everywhere.  
It is pleasant to the Taste and  
acceptable to the most delicate Stomach.**

**IT IS ECONOMICAL IN USE AND CERTAIN IN RESULTS.**

**HYDROLEINE (Hydrated Oil)** is not a simple alkaline emulsion of oleum morrhuae, but a hydro-pancreated preparation, containing acids and a small percentage of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, readily converts the oleaginous material into assimilable matter, a change so necessary to the reparative process in all wasting diseases.

The following are some of the diseases in which **HYDROLEINE** is indicated:

**Phthisis, Tuberculosis, Catarrh, Cough, Scrofula, Chlorosis,  
General Debility, etc.**

**TO BRAIN WORKERS** of all classes, **HYDROLEINE** is invaluable, supplying as it does, the true brain-food, and being more easily assimilated by the digestive organs than any other emulsion.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," and "Consumption and Wasting Diseases," by two distinguished London physicians, which will be sent free on application.

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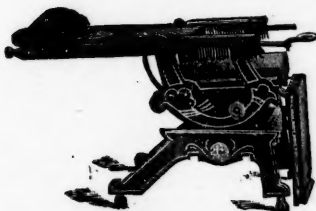
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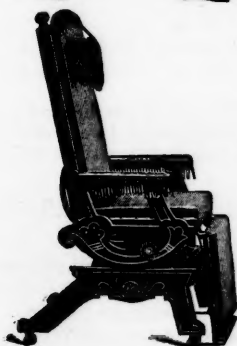
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## Notes and Items.

WHAT the influenza says, "I'll catch you!"

HAS any genius thought of making a corner on handkerchiefs?

INFLUENZA is a powerful aid to the onslaughts of the tubercle bacillus.

THE epidemics of catarrh always come with the trade-winds from East to West.

DR. STEPHENS, of Reading, married a proof reader on one of the daily papers.

SURGEONS will operate only in cases of necessity while the influenza is prevalent.

THE Pittsburgh college growls because it gets too few bodies for dissection. The ghouls!

GENERAL MOLTKE conquered France, but he had to lower his sword to the Russian influenza.

DR. P. P. NICHOLS, of Coldwater, Mich., disappeared with \$30,000 of other people's money.

THE latest reports from Dr. Keen's case of operation on the brain for epilepsy, are favorable.

TYPHOID FEVER will wane before the sneezing epidemic. May it also take away with it the diphtheria.

Two parts of campho-phenique to one of olive oil has been found effectual in jugulating erysipelas; applied locally.

THE President of the Republic of France, one and indivisible, has requested an increased allowance for mouchoirs.

STRONG MEDICINE.—A Mifflin woman threw some medicine in the fire, an explosion took place which carried the stove out of doors.

PEOPLE with chronic ailments, who are only holding on to life by their eyelids, will greatly swell the mortality lists when the Russian grippe reaches us.

THE medical profession will not be surprised to learn that the Grand Prize was awarded to Nestle's Milk Food. This is the second occasion on which this great distinction was conferred on this celebrated infants' food.

THE "Shut-In-Society" is the freshest of fads. The members are all girls, who pledge themselves to correspond with sick persons who are "shut-in,"—and therefore totally helpless to defend themselves.—*Record*.

DOWN in Alabama it is the Coroner who decides when doctors disagree. Two young physicians having disputed as to the proper treatment of disease of the kidneys, one shot the other, fatally wounding him. There should be no dispute as to the proper treatment of the man who did the shooting.

—*Ledger*.

IN men whom men declare divine,  
I see so much of sin and blot—  
In men whom others class as ill,  
I see so much of goodness still,  
I hesitate to draw the line  
Where God has not.

—*Longfellow*.

FRENCH MEDICAL STORY. Husband: "So my wife is not—well, Doctor?"

Doctor: "Well, no, she appears to me to be suffering from intestinal parasites, but don't be alarmed, I'll give her a powder that'll soon—"

Husband: "No, don't! if that is all, let 'em be, I'm going away to-morrow for a month and they will be company for her."

## ANTISEPTIC DRAINAGE TUBES.

GLASS.



MADE AFTER PATTERNS FURNISHED BY PROF. S. W. GROSS.

These tubes have large holes, one-half inch apart, arranged alternately on opposite sides.

They are carefully finished, especial care being taken to make them smooth.

In addition to the drainage holes each tube has at one end two smaller holes, for the insertion of Safety Pin, through which it is prevented slipping into the wound.

### FURNISHED IN SEVEN SIZES.

No. 1,	Length 63 mm.,	Diameter 7 mm.,	4 Holes	-	-	-	\$1 25 per dozen.
No. 2,	" 63 "	" 8 "	4 "	-	-	-	1 25 "
No. 3,	" 75 "	" 9 "	5 "	-	-	-	1 40 "
No. 4,	" 88 "	" 9 "	6 "	-	-	-	1 55 "
No. 5,	" 102 "	" 9 "	7 "	-	-	-	1 70 "
No. 6,	" 114 "	" 9 "	8 "	-	-	-	1 90 "
No. 7,	" 126 "	" 10 "	9 "	-	-	-	2 10 "

### RAW CAT-GUT.

Prof. Gross stated at one of his Surgical Clinics in the Jefferson Medical College Hospital, that he had just concluded a series of experiments with cat-guts obtained from different sources; and that the article which I now offer for sale, he considered superior to all others. I put this up in coils of 10 feet, four different sizes, Nos. 1, 2, 3, 4 (four is thickest). Nos. 2 and 3 are the most useful sizes.

No 1 coil 10 cents; No. 2 coil 12 cents; No. 3 coil 14 cents; No 4 coil 16 cents.

Full descriptions with each coil for making it absolutely aseptic.

THE VARIOUS INSTRUMENTS AND APPLIANCES DEvised BY DR. R. J. LEVIS kept constantly in stock the original models having been manufactured under the personal direction of Dr. Levis.

Purchasers can rely upon their accuracy.

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## RESTORATIVE WINE OF COCA.

FOR NERVOUS PROSTRATION, BRAIN EXHAUSTION,  
NEURASTHENIA AND ALL FORMS OF MENTAL  
AND PHYSICAL DEBILITY.

This WINE OF COCA is so prepared that it contains the active principle of the leaves in a perfectly pure form. Moreover, it is absolutely free from all those foreign substances which all other wines of coca contain, and which interfere, to a great extent, with its curative influence. It is well known that the cocaine contained in the coca leaves varies considerably in its proportion; hence giving to the wines, as ordinarily made, uncertain strength, and causing them to be unreliable in their action on the system. In the RESTORATIVE WINE OF COCA the proportion of alkaloid is invariable and the physician can, therefore, prescribe it with the certainty of obtaining uniform results.

**Prof. M. Semmola, M.D., of Italy,** says: Having tested and made repeated examinations of the RESTORATIVE WINE OF COCA, I hereby testify that this preparation is most excellent as a restorative in all cases of general debility of the nervous system, especially in disorders arising from excessive intellectual strain or other causes producing mental weakness. I also consider this wine invaluable for the purpose of renewing lost vitality in constitutions enfeebled by prolonged illness, particularly in cases of convalescence from malignant fevers.

**Prof. Wm. A. Hammond, M.D.,** in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and he then said:

"Most of the wines of coca contain tannin and extractives, which render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The difficulty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the cocaine has been extracted. The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically worthless.

"I therefore asked a well-known gentleman of this city if he could not prepare a wine of coca which should consist of a good wine and the pure alkaloid. He has succeeded in making such a preparation. It seems almost impossible that there could be any such a substance, for its effects are remarkable.

"A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. I have discarded other wines of coca and use this alone. It is the Health Restorative Co.'s preparation. (Italics ours.)

"I have found it particularly valuable in cases of dyspepsia and weak stomach. The cocaine appears to have the power to reduce the irritation of the stomach and make it receptive of food. In extreme cases, where the stomach refuses to take anything, a teaspoonful of the wine may be tried first; the stomach will probably reject it. Another teaspoonful may be given, say fifteen minutes later, and this will possibly share the same fate; but by this time the cocaine in the wine will have so reduced the irritation of the stomach that the third teaspoonful will be retained, or at least the fourth or fifth, and the stomach thus conquered will be in a condition to retain food, which should be given without the wine.

"This wine of coca may be taken by the wineglassful, the same as an ordinary wine; there is no disagreeable taste; in fact, it tastes like a good Burgundy or Port wine. Taken three times a day before meals or whenever needed, it has a remarkably tonic effect, and there is no reaction. The article produces excellent results in cases of depression of spirits; in hysteria, headache, and in nervous troubles generally it works admirably. It is a simple remedy, yet efficacious and remarkable in its results."

No. 100 W. 7th Street, Cincinnati, O., Nov. 9, 1889.  
On November 6, I was called in consultation to see Mr. W., who was suffering from the most violent attack of Asthma, the paroxysm so frequent that suffocation seemed only a matter of a little time. We gave him one "FEBRICIDE PILL" and ordered one every two hours; ordered hot mustard foot-bath; his doctor remained with him. I returned per request in seven hours; to my surprise he was breathing, talking, and, as he informed me, felt first-rate.  
DR. D. W. MCCARTHY.

## NATROLITHIC SALT.

Containing Sulphate of Soda, Carbonate of Soda, Phosphate of Soda, Chloride of Sodium, Sulphate of Lime, Sulphate of Magnesia, and Carbonate of Lithia. For Habitual Constipation, Rheumatic and Gouty Affections, Biliousness, Corpulence, Dyspepsia, and all Derangements of the Digestive Tract, it is a wonderful remedy. Does not gripe after administration.

Grand Rapids, Mich., October 8, 1889.

"Febri-**cide** Pills" have been used in a case of Chills from Septic Poisoning and worked to perfection, as they stopped them entirely where ordinary Quinia had failed. Also kept down the temperature.  
O. E. HERRICK, M.D.

A Sample Bottle or Box of either remedy will be sent free of charge to any Physician who may wish to examine the same

HEALTH RESTORATIVE CO.,

(Please mention The Times and Register.)

10 West 23d Street, New York.

## FEBRICIDE.

A complete Antipyretic, a Restorative of the highest order, and an Anodyne of great Curative Power

R.—Each pill contains the one-sixth of a grain of the Hydrochlorate of Cocaine, two grains of the Sulphate of Quinine, and two grains of Acetanilide.

From the "Medical Summary," of October, 1889, by E. Carmichael Rothrock, M.D., of Corsicana, Tex. "Febri-**cide** Pills." We used these pills as an antipyretic and anodyne in rheumatism, where there is muscular pain, or where the pain had a tendency to move or change from one part to another. In neuralgia in any part of the body, then "Febri-**cide**," one pill every two or three hours will relieve. In spastic and angio-paralytic hemicrania, "Febri-**cide**" in my hands has afforded prompt relief. In uremic conditions (headache) "Febri-**cide**" will act like a charm—is positive and decided in relieving this condition. In congestive headaches, "Febri-**cide**" will be found of great service.

**Dr. A. J. Rogers, Juniata, Neb.,** writes: Your sample of FEBRICIDE had not been in my hands an hour when I was called to see an old lady suffering severely with Rheumatism and Hyperaesthesia which was very general, and also with Asthma, of which she had suffered for many years. I gave her a pill three times a day until she had taken eighteen. She began to get relief after the fourth pill and continued to improve. By the time she had taken twelve pills, Rheumatism and Acute Sensitiveness were no more, and she has not felt anything of them since.

**Dr. Albert S. Warner, of Springview, Neb.,** writes: "I have used your "Febri-**cide**" with excellent results in our "Mountain Fevers" (Typhoid) reducing in one case the temperature from 104½ with dry brown furred tongue, in ten hours to 99½ with tongue cleaning promptly and moist, and rapid improvement dating therefrom. Have used antipyrin in similar cases with no good results."

**F. M. Senderling, A.M., M.D., of Jersey City, N. J.** writes: July 13 I was called upon to visit a lad aged 18 years, who had been suffering for over two weeks with, as alleged, "Inflammatory Rheumatism," and had been attended by another doctor and discharged as convalescent a week prior to my first visit. I found him in this condition; pulse 110; temperature (under tongue) 103 3-5; the right knee-joint greatly swollen and intensely painful, a troublesome diarrhoea also present. Careful inquiry and examination demonstrated to my mind that the difficulty or "Materies Morbi" was clearly traceable to malarial influence. I at once placed him under the treatment which for years I had found most efficient, but up to the 16th I had utterly failed to reduce either his temperature or frequency of pulse. On my morning visit of 16th I found his condition thus; temperature (under tongue) 104 2-5; pulse 116 and his general condition indicative of great suffering. I at once suspended all other treatment and gave him one pill "Febri-**cide**" every three hours. At 8 P.M., 16th inst. I found my patient much better, his temperature had fallen to 102; pulse 96; and his general appearance indicating decided improvement in every particular. On 17th his temperature had fallen to 101 1-5; pulse 90 18th 100 1-5; pulse 90, and with great improvement in condition of knee-joint, the swelling, abnormal heat and sensitiveness were entirely gone. I am so confident this case will speedily and perfectly convalesce, that I do not deem it necessary to delay communicating the result of my first trial of the "Febri-**cide**." I will say that in this case antifebrin and antipyrin were successively tried in full doses, and to meet the synovitis, full doses of quinine and salicylate of soda were also used; the local treatment being alkaline lotions which I did not discontinue.

# GONORRHOEA

GONORRHOEA, GLEET, and all other urethral diseases, can be most successfully treated by using Soluble Medicated Bougies. A compact little pamphlet of 24 pages, on "THE TREATMENT OF GONORRHOEA AND ITS SEQUELÆ," by means of medicated bougies, containing many valuable hints on treatment, will be sent *free*, together with samples of the bougies, to any physician who will mention THE TIMES AND REGISTER, and enclose his business card or letter heading.

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*Manufacturer of Soluble Medicated Gelatine Preparations,*  
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Being a member of the Society of "Professors of Dancing," of New York City, enables me to introduce all the Latest Fashionable Dances as taught and danced in New York and Eastern Cities.

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For Ladies and Gentlemen.—Tuesday and Thursday evenings, from 7 until 10 o'clock.

Private class for Ladies and Gentlemen now forming.

For Misses and Masters.—Wednesday and Saturday afternoons, from 3 until 5 o'clock. Classes always open for beginners.

Special arrangements made for private classes in or out of the City.

All the fashionable dances, including the Glide, Heel-and-Toe, Glide Polka, Varsouvienne, Schottische, Minuet, German, etc., taught by an original method. Glide Waltz a Specialty, and taught in 3 to 5 private lessons.

Classes for Young Ladies, Misses and Masters, every Saturday morning from 10 to 2. Private class for Children (4 to 6 years) a Specialty. Class for Young Ladies every Wednesday, from 5 to 6.

Private lessons any hour, day or evening, to suit the convenience of the Pupil. Personal attention given to classes at Residences, Seminaries, in or out of the city, at reasonable terms.

GEO. H. TAYLOR, M.D., Originator and Consulting Physician.

G. H. PATCHEN, M.D., Resident Physician and Director

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THE "MANIPULATOR."  
 One of the machines employed in giving Mechanical Massage.

Dear Doctor:

Without knowing what mechanical massage, *massage by steam power*, can do for the relief and cure of chronic forms of disease. You will find a complete and philosophical exposition of its uses and effects in a small volume by Dr. Geo. H. Taylor, of New York, the originator of this valuable therapeutic agent, the most important of the remedial measures he has devised. The Improved Movement Cure is the *practical expression* of all of Dr. Taylor's advanced therapeutic ideas, and the *EXPERIENCED* application of mechanical massage, under his personal supervision, is made a specialty.

Do not despair of relief and cure for the most difficult and obstinate cases of chronic ill health until the merits of mechanical massage, and its allied processes have been thoroughly tested.

Correspondence and *personal inspection* of methods solicited. Send stamp for explanatory literature containing list of Dr. Taylor's books.

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a few miles west of Philadelphia. Primos Station, on the Philadelphia and Media Railroad, is within less than ten minutes' walk.

Burn-Brae has been in operation for more than a quarter of a century, and numbers its friends in all sections of the country. With **extensive grounds**, handsomely laid out, building attractive in appearance, a wide and varied view, bed-rooms large, cheerful and well furnished, heating facilities perfect, light abundant, with constant professional supervision, Burn-Brae offers, for the care and treatment of its inmates a pleasant, safe, and healthful Home.

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### REFERENCES:

Prof. Alfred Stillé, Prof. William Goodell, Prof. D. Hayes Agnew, Prof. H. C. Wood, Prof. R. A. F. Penrose, Prof. William Pepper, University of Pennsylvania; Prof. J. M. DaCosta, Prof. Roberts Bartholow, Jefferson Medical College; Prof. Charles K. Mills, Philadelphia Polyclinic.  
 Please Mention The Times and Register.



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## SPRING PAD TRUSS.

THE objections to the old form of Trusses are as follows: 1. They exert pressure at all times, whether needed or not; irritating the back and widening the orifice through which the hernia protrudes. This renders the hernia permanent, and condemns the patient to a life time of Truss-wearing. If the Truss be made so loose as to avoid this pressure, it will not retain the hernia securely.

2. In case of an unusual strain being put upon the Truss, it is unable to retain the hernia, because there, is no limit to the expansibility of the spring which encircles the body.

3. The metal of this spring soon becomes corroded by the perspiration, unless nickel-plated or covered with rubber; both of which render the instrument expensive, and the latter is fragile.

All these objections are obviated in the Tucker Truss. There is absolutely no pressure when none is needed. The greater the pressure needed, the more is supplied.

When there is an unusual strain applied, the spring is forced back against the supporting plate and no further expansion is possible, as the belt is inelastic. This renders the Tucker the safest of all Trusses for such emergencies, which may occur to a man at any time. There is no metallic encircling spring to rust, and no metal touching the body. The use of this Truss by men who have tried every Truss in the market, proves the Tucker to be the most comfortable of all. It is one of the cheapest Trusses made, and when parts are worn out, they cost but a trifle to replace.

Price, { Single : : : : : \$4.00  
Double : : : : : 6.00

A LIBERAL DISCOUNT WHEN ORDERED IN QUANTITIES.

## THE PHYSICIANS SUPPLY CO.,

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MANUFACTURERS OF

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## VISITING LIST, 1890

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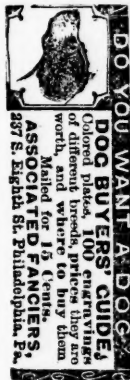
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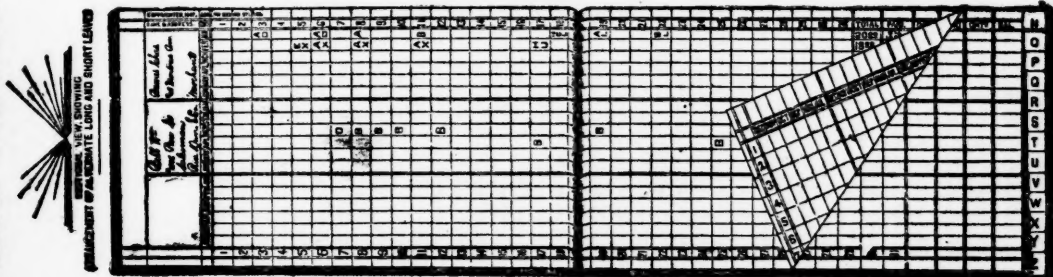
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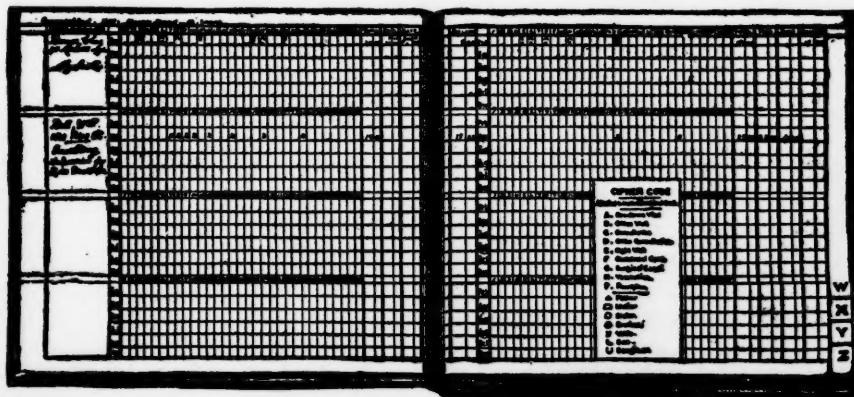
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Philadelphia Medical Times.  
Vol. XX, No. 590.

NEW YORK AND PHILADELPHIA, DECEMBER 28, 1889.

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	PAGE		PAGE		PAGE
<b>CLINICAL LECTURES.</b>		<b>EDITORIAL.</b>		<b>Thomas' Splint.</b> <i>Ridlon</i> - - - - -	839
INDIGESTION. CHOREA. ENDOCARDITIS.		THE NERVOUS ELEMENT IN UTERINE DIS-		The Question of Excision. <i>Sayre</i> - - -	839
By J. M. Anders, M.D. - - - - -	823	EASES - - - - -	834	THE POLYCLINIC MEDICAL SOCIETY - - -	840
<b>ORIGINAL ARTICLES.</b>		THE HIGHER PLANE - - - - -	835	<b>CINCINNATI LETTER</b> - - - - -	840
RENAL DISEASE OF SCARLATINA. By W.		PUBLIC SCHOOLS - - - - -	835	<b>BOOK REVIEWS.</b>	
M. Welch, M.D. - - - - -	825	A NEW CONTRIBUTION TO OUR KNOWLEDGE		Transactions of the Medical and Chirurgical	
A CASE OF RENAL CALCULUS. By Ernest		OF DIPHTHERIA - - - - -	836	Faculty of the State of Maryland.	
B. Sangree, A.M., M.D. - - - - -	829	THE CITY HEALTH - - - - -	836	<i>Kurtz</i> - - - - -	842
INSTANCES OF THE HEREDITARY INFLUENCE		<b>ANNOTATIONS.</b>		<b>PAMI LETS</b> - - - - -	842
IN THE CAUSATION OF MULTIPLE PREG-		Pathology and Treatment of Nephritis -	837	<b>THE MEDICAL DIGEST.</b>	
NANCY. By Charles Meigs Wilson, M.D.,	829	Political Medicine - - - - -	837	Mechanical Treatment of Erysipelas. <i>Wool-</i>	
<b>HYDROTHERAPEUTICS.</b>		Bromoform in Whooping Cough - - -	837	<i>fler</i> - - - - -	843
A PLEA FOR THE PRACTICAL UTILIZATION		Cæsarean Section vs. Perforation - - -	837	Sugar in the Urine of Puerperal Women.	
OF HYDROTHERAPY. By Simon Baruch,		The December Sanitarian - - - - -	837	<i>Ney</i> - - - - -	843
M.D. - - - - -	830	A New Journal - - - - -	837	Saline Hypodermic Injections in Post-par-	
<b>THE POLYCLINIC.</b>		<b>LETTERS TO THE EDITOR.</b>		tum Hemorrhage. <i>Münchmeyer</i> - - -	843
MEDICO-CHIRURGICAL HOSPITAL:		An Inquiry - - - - -	838	Operation and Prognosis of Lingual Cancer.	
Operation Upon Nasal Septum. <i>Pancoast</i>	832	<b>SOCIETY NOTES.</b>		<i>Volkmann</i> - - - - -	843
Syphilitic Ulcers of Foot. <i>Stubbs</i> - - -	832	NEW YORK ACADEMY OF MEDICINE - - -	838	The Surgical Treatment of Volvulus. <i>Senn</i> ,	843
PHILADELPHIA HOSPITAL:		Rachitic Pseudo-Paralysis <i>Berg</i> - - -	838	<b>MEDICAL NEWS AND MISCELLANY,</b>	844
Ophthalmia Neonatorum. <i>Davis</i> - - -	832	Nervous Symptoms Produced by Phimo-		<b>ARMY, NAVY, AND MARINE HOSPITAL</b>	
ST. LUKE'S HOSPITAL, NEW YORK:		sis. <i>Holgate</i> - - - - -	838	<b>SERVICE</b> - - - - -	845
Laparotomy (Exploratory) for Abdominal		Excision of the Hip Joint. <i>Sayre</i> - - -	838	<b>MEDICAL INDEX</b> - - - - -	846
Tumor. <i>K. B. P.</i> - - - - -	833	Treatment of Abscesses. <i>Ridlon</i> - - -	838	<b>NOTES AND ITEMS</b> - - - - -	iv, xvi

## Clinical Lecture.

### INDIGESTION. CHOREA. ENDOCARDITIS.<sup>1</sup>

By J. M. ANDERS, M.D.,

Professor of Hygiene and Clinical Professor of Diseases of Children in the  
Medico-Chirurgical College of Philadelphia.

#### INDIGESTION.

THIS little boy, gentlemen, who, you may remember, came before us two weeks ago, troubled with indigestion, returns to-day feeling better. His father reports, however, that while the complaint has not extended further than was first apparent, yet the diarrhœa has persisted, being most marked at night. The gastric region is no longer so tender on pressure as formerly. In some cases, a lack of nervous force as well as muscular power in the stomach contributes to this derangement of the digestive function; this may be the principal cause of the complaint in our patient, inasmuch as no very marked improvement is manifest. Hence, drugs to tone up the motor power of the stomach and bowels are indicated. We shall order here, *tr. nucis vomicæ gtt. ij*, combined with *tr. gentianæ comp. gtt. xv*, and enough syrup of ginger to make *f3j* at a dose, to be given before meals. The acid and pepsin are to be continued after meals.

#### CHOREA.

For the third time, this little girl with chorea appears before you, very much improved; and considering the obstinacy of the affection it is indeed gratifying to notice that but very slight twitching remains, and this under the excitement of the moment. Before

the clinic, no choreic movements were at all perceptible. She is taking the Fowler's solution in four-drop doses. The first symptom of the toxic effect of the arsenic was observed a few days ago, when there was some vomiting. However, the same dose shall be continued for a day or two longer. Intervals of the complete absence of twitching motions are becoming more numerous and prolonged, thus pointing to a proximate and favorable termination.

#### ENDOCARDITIS.

Near the close of last week's clinic, we showed you a case of acute endocarditis in a little boy—dwelling briefly on his condition. As this disease is one which is frequently met with, and which you should be well prepared to meet, we shall devote the remainder of the hour to a further discussion of this important subject.

At the outset it must be remembered that, as this disease is often associated with other maladies, symptoms of the latter may mask those of the former, which we are thus apt to overlook. Prior to considering the pathology of acute endocarditis, let us view briefly the anatomical structure of the endocardium. It consists of a connective tissue base, with some elastic fibrillæ interwoven and covered by a layer of flat or new cells; these latter in turn being covered by endothelial membrane. Now, the parts affected in the inflammatory process are the endocardium and the valves, although the latter chiefly. Pathological changes begin by an infiltration of new-formed cells, through the layer of flattened cells; then, from this embryo-plastic layer, the infiltration involves the fibro-elastic layer in the same manner, the cells being heaped even on the muscular fibers of the heart.

<sup>1</sup> Delivered in the Medico-Chirurgical College of Phila.

These various tissues ultimately swelling and softening, become destroyed as the disease progresses, whilst the new cells push out the endothelial membrane of the endocardium, forming thus the first stage of vegetations common to this affection. Consequent upon the roughening which ensues from this cell proliferation, it follows that there must be considerable friction between the blood and that side of the valve which is opposed to the current. Hence, as you are doubtless aware, we have here a factor favorable to the formation of fibrin; and thus are derived from the blood the fibrinous coagula, which adhere to and enlarge the first-formed vegetations. Where there is the greatest amount of friction, then, we find the most vegetations attached to the endocardium, they being more numerous on the auricular than on the ventricular side of the mitral valve, for instance. The chordæ tendineæ may also become involved and have fibrinous deposits on them.

There are two kinds of acute endocarditis; viz., the simple or exudative, and the ulcerative. The first sometimes pursues the ulcerative form, either from an insufficient supply of nutritious materials from the blood, or, from granular degeneration alone (Charcot) or yet, from the breaking down of vegetations, and the production of multiple abscesses. When the last named are broken off, perchance by the force of the circulation, they are called emboli, and if they become lodged in any of the arteries or capillaries—depending upon their size—we have constituted the pathological condition known as embolism. There are thus two classes of emboli, the large and small. The former may lodge in an iliac or femoral artery, or a large artery supplying the head, when hemiplegia may be produced. Small emboli are often arrested in the capillaries of the spleen, kidney, liver, brain, and in the skin, causing ecchymosis. Therefore, in cases of acute endocarditis, these hemorrhagic infarcts may cause suppuration. Such inflammatory symptoms as thirst and an irregularly high temperature coëxisting, point towards the ulcerative form of endocarditis, which is always a serious condition.

Taking up next the etiology of this disease, we may say that any blood dyscrasia whatsoever may give rise to acute endocarditis: irritating matters, specific poisons, and alterations in the composition of the blood may produce the characteristic symptoms; Bright's disease, the exanthematous and irritative fevers, rheumatism and inherited syphilis, also, figure largely as causative agents. Ulcerative endocarditis is especially apt to occur, as a secondary affection, in the course of septicæmia, pyæmia and diphtheria.

The general symptoms which first appear in simple acute endocarditis are usually palpitation, slight pain, embarrassed breathing, or mild dyspnoea and uneasiness. Enlargement of the veins of the head and neck is often observed in children; and while this was quite marked in the present case at first, it has now almost completely subsided. The boy's face, which has an ashy-gray hue, may in other cases assume lividity and become bathed in a continuous perspiration. Delirium may seize the patient, especially if there is considerable fever, which seldom, however, has a temperature ranging above 102° or 103°. The

character of the pulse is peculiar—at first full and strong, though not frequent, in a few days becoming small, rapid and feebler; strange as it may seem on a moment's thought, we may have a feeble pulse, with tumultuous action of the heart at the same time. The latter is a special feature of acute endocarditis, and denotes a diminished propelling power, due to the softening of the cardiac muscle. We will not detail to you the physical signs as elicited by the examination of the boy's chest last week, merely stating, by way of recapitulation, what was then ascertained in proper order. It was observed principally that the area of the heart's impulse was somewhat extended; that the contractions were exaggerated; and that there was a mitral systolic murmur, easily distinguishable. Concerning the force of the cardiac impulse in acute endocarditis, it has been noticed that when the pain increases, the contractions become more violent. Again, the heart may beat violently one day, and in a day or two thereafter its intensity may be lessened considerably. Listening over this patient's heart again, we hear a slight sound running up to the first heart sound. The swelling and consequent constriction around the valvular orifice is doubtless accountable for this. But, the systolic murmur is due to thickened and incompetent valves, as well as to the roughening on the endocardium. The narrowing of the auriculo-ventricular aperture, in addition to the mitral insufficiency, seems to be especially marked in children when the acute symptoms commence to wear off. It is said that in 50 per cent. of these cases a murmur is audible over the tricuspid valve; none can be detected here, although just above, in the region of the pulmonary artery, a slight scratching noise can be heard by listening attentively.

In uncomplicated cases of acute endocarditis, the prognosis is favorable as regards life. But, as the acute trouble may become chronic, an opinion should be always guarded. The symptoms of ulcerative endocarditis may be simulated by those of malarial infection; and when jaundice, fever followed by a chill, albuminuria or tenderness over the spleen are present, the prognosis is particularly grave. Perforation, rupture or even laceration of the valvular cusps would cause the most distressing symptoms—dyspnoea, a very high temperature, followed speedily by a typhoid state. The course of treatment to be pursued in acute endocarditis will depend greatly upon the coëxisting disease—rheumatism, for example, in which, since the blood is presumed to be acid, alkalies would be positively indicated. That the blood becomes alkaline may be determined readily by testing the reaction of the urine, which in these cases also becomes alkaline after persistent treatment in this manner. It is recommended that opium be not given so freely in endocarditis as in pericarditis. In sustaining the system and toning the bodily economy, concentrated nourishment and the exhibition of the vegetable salts of iron, are, indeed, essential. The temperature of the patient's room should be not less than 70° Fahr. The breast should be well covered with flannel; and unless absolutely necessary, should not be removed for the purpose of making repeated examinations.



## Original Articles.

## RENAL DISEASE OF SCARLATINA.

By W. M. WELCH, M.D.,

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OF the various complications and sequelæ of scarlatina, there are perhaps none of more common occurrence—certainly none of greater importance—than the kidney affections. In studying these diseases I find it convenient to follow Friedlaender's division of them, which is as follows:

1. The initial or febrile albuminuria.
2. Changes in the kidneys of a septic character.
3. Post-scarlatinal nephritis.

Opportunities for examining the kidneys *post mortem* in the first form of the disease, or during the initial albuminuria, are not very numerous. Death, however, does sometimes occur at this stage of scarlet fever, either from accident or some concurrent disease, and in such cases the kidneys show but little anatomical changes—only such, perhaps, as are due to changes in the nutrition of the epithelium. The microscope reveals simply congested capillaries, and slight extravasations of leucocytes around them, coagulated albumen in the tubules, and an increase of the nuclear elements in the glomeruli. In the very malignant cases there is, of course, more evidence of disease—though even here, as a rule, no gross structural changes exist.

The cause of the initial albuminuria is generally thought to be some changed pressure in the capillaries of the kidneys incident to the febrile state. It is therefore spoken of as simply febrile albuminuria, and is believed by many to have only the same significance as when it occurs in typhoid fever, pneumonia, and other febrile affections. But as it is much more frequently met with in scarlatina than in other febrile diseases, I think it not improbable that it may be consequent upon some direct action of the scarlatinous poison on the kidneys.

This form of albuminuria makes its appearance during the first few days of the disease. It is much more likely to be seen when the temperature runs high—say from 103° to 105° F.—although it is not impossible for it to appear when the temperature runs lower. It usually disappears in a few days; but it may continue longer, and even assume an aggravated form during the decline of the disease. In malignant and rapidly fatal cases it is generally though not invariably present. Bloody or smoky urine is not seen at this early stage of scarlatina, except, perhaps, in rare instances, or very malignant cases.

In regard to the second form of renal disease, or that which results from changes in the kidneys of a septic character, the pathological conditions are more apparent. However, among the patients who die at an early period of this septic process, the pathological changes in the kidneys may not be markedly different from those seen in cases of initial albuminuria; but among those dying later—say as late as the second or third week of scarlatina—the kidneys are often large, flabby, and generally pale, though they may be mottled by injected capillary vessels, and sometimes

by foci of extravasated blood. The pyramids show the same injected appearance, and, at their base, minute abscesses or cheesy spots are sometimes seen. When examined under the microscope leucocytes appear in great abundance surrounding the capillary vessels, and especially the glomeruli. The epithelium, of course, is markedly changed. The mottled appearance of the kidneys shows that the inflammatory process in this form of the disease begins at, and often is limited to, a number of points, instead of involving the whole organ at once, as in post-scarlatinal nephritis. The kidneys are rarely entirely disabled, as in the latter affection; and when death occurs, it is generally in consequence of septicæmia, rather than of the nephritis.

This form of renal disease is always preceded by angina of a foul, sloughy character, and by suppurating lymphatic glands and cellulitis. Suppuration of the middle ear may also precede or attend it. The quantity of albumen in the urine may be variable, though it is rarely as abundant as in the post-scarlatinal variety. Blood also may be present, but never in large quantity. There is not apt to be more than barely sufficient to give a slight tinge to the urine. Careful testings, however, show that it is *not infrequently* present, even when the eye fails to detect it. Casts and epithelium are present in only exceptional cases. The quantity of urine is generally not greatly diminished, and hence œdema, or much puffiness about the face, is not common.

The kidney lesion in this form of albuminuria is only a part of a general septicæmic condition, and death, in the majority of cases, occurs in consequence of the latter. Sometimes, however, the inflammatory process in the kidneys progresses to a general nephritis; the organs then may become choked, the urine suppressed, and death result from uræmia.

The third form of albuminuria is by far the most common, as well as the most important, and is the result of general nephritis of an acute character. It does not make its appearance until the fever has subsided, the eruption disappeared, desquamation begun, and convalescence seemingly fairly established. This form of nephritis has been characterized by various names, such as "tubal," "desquamative," "catarrhal," etc., each indicating some peculiar notion concerning its pathology. The term post-scarlatinal nephritis is now more generally preferred, because it indicates the period of scarlet fever at which this form of kidney affection occurs, without committing to any notion as to the nature of the lesion.

An examination of the kidneys of patients who have died of this form of renal disease shows that they are enlarged and hyperæmic, and present evidence of general inflammatory action. The capsule may be readily stripped off, the cortical substance is found thickened, and sometimes softened, and the glomeruli present evidence of being intensely implicated. A cut section examined microscopically shows the capillaries dilated, the glomeruli enlarged and inflamed, with proliferation and desquamation of their epithelium, hyaline degeneration of the minute arteries, and also of the capillaries of the Malpighian bodies, causing a distinct narrowing or obliteration

of these vessels. Anuria and uræmia—symptoms frequently observed in this form of disease—may be attributed to either compression of the vessels forming the glomeruli, or to the changed state of the arterioles. Klein, I believe, attributes these symptoms to the latter.

When post-scarlatinal nephritis occurs, the earlier symptoms usually make their appearance during the third week of scarlatina. This complication rarely occurs outside the limits of the fourteenth to the twenty-sixth day of the disease. Some authorities speak of cases in which the nephritis begins at a later period than the twenty-sixth day; but such instances, I am sure, are exceptional. It is not apt to occur earlier than the fourteenth day, except when the septicæmic variety of albuminuria runs into the post-scarlatinal, which, indeed, is not uncommon in the septicæmic class of cases. In such cases the albumen already present in the urine suddenly increases to a much larger amount. The other symptoms may or may not be exaggerated, but a distinguishing feature of this third variety of albuminuria is that the albumen is always present in much larger quantity than in either of the other two varieties.

Concerning the etiology of this disease, there is, I think, scarcely room for doubt that the kidneys are rendered predisposed to inflammatory action by reason of their irritated state, incident to separating the scarlatinous poison from the blood. The kidneys, after scarlet fever, have been not inaptly compared to the lungs after measles, as in either case inflammation of a fibrinous or croupous character is liable to supervene. As pneumonia may follow in mild cases of measles, so also nephritis may occur after mild attacks of scarlet fever. While patients with mild attacks of the fever are less predisposed to kidney complication than those who pass through a severe form of the disease, yet the former, through the want of proper care, or on account of too early exposure, not unfrequently suffer from this complication. The first case of post-scarlatinal nephritis I ever saw followed an attack of this character. It occurred as long ago as 1861, and, although I have no notes on the case, it made such a deep impression on my mind at the time that I shall never forget it. The circumstances were these: I was called to see a child about one year old, and found him suffering from scarlatina. The eruption was, at the time, out abundantly, and all other symptoms were well marked. My attention was called at the same time to another child, aged about three or four years, who was sitting on the floor playing with his toys. The appearance of this child was very peculiar: he looked like an excessively fat boy, so great was the anasarca. His parents informed me that, although he had been a little indisposed, the child was not at any time deemed sufficiently ill to require the services of a physician, and so none was called. The child, therefore, received no care nor treatment. On my visit the next morning I found crape on the door, and on entering the house was surprised to learn that the anasarcaous child, who the day before was playing with his toys, had suddenly died during the night.

Why nephritis so frequently occurs in the declining

period of scarlet fever, or during the desquamative stage, instead of earlier in the disease, is not fully understood. A disturbance of the function of the skin has been assigned as the cause, and, in a certain way, this may have something to do with the disease. There is no doubt that the renal affection, in many instances, is plainly attributable to exposure, or to currents of cold air. Chilling the surface of the body tends to check cutaneous transpiration, and thus additional work is thrown on the kidneys, which are already in a state of intense irritation, and therefore markedly predisposed to take on inflammatory action. If in mild cases of scarlatina the kidneys suffer irritation in separating the poison from the blood, in severe cases—those marked by prolonged fever, by much exudation about the fauces, and by glandular inflammation—there must be still greater irritation, for among these the worst and most fatal cases of nephritis are found. It quite frequently happens, however, that severe cases escape the malady, while mild ones are attacked. The explanation appears very plain: It is that severe attacks of scarlet fever require the patients to be kept in bed a suitable time, and in a warm room for three or four weeks, or longer, by which time the most liable period for the development of renal disease has passed; whereas, mild cases are more carelessly treated, and not infrequently exposed very freely to all kinds of weather at that period of the disease when this complication, or sequela, is most liable to appear.

In the majority of cases of post-scarlatinal nephritis, the earliest symptoms observed are slight pallor and puffiness about the face. A little investigation will then generally reveal the fact that the patient has slight headache, accompanied by languor, loss of appetite and strength, together with pain in the lumbar region. An examination of the urine usually shows that it is diminished in quantity, and contains some albumen. Ashby says he has often noticed a slight pallor or puffiness of the face in children who had no albuminuria, but in whom it appeared a few days later.

The quantity of albumen is small at first, but increases as the disease progresses, until it reaches, not infrequently, the proportion of one-third, one-half, two-thirds, or even more, of the bulk of the urine. In some cases, indeed, the albumen is so great that the urine is set solid by boiling. In almost all cases there is, as the disease progresses, a gradual diminution of the amount of urine passed, and its specific gravity is usually light—varying from 1010 to 1020; but the presence of a very large quantity of albumen may raise the specific gravity to normal, or even higher. The amount of urea excreted is also diminished. The urine, on cooling, generally throws down a dense deposit, and it often presents a smoky appearance, showing that it contains a little blood, or it may be red and decidedly bloody. Examined microscopically, it shows the presence of blood-corpuscles, epithelial cells, and hyaline or granular casts, sometimes both.

In consequence of the diminished renal secretion and the altered state of the blood, transudation of



serum from the bloodvessels takes place, giving rise to anasarca, which, besides the puffiness of the face already alluded to, shows itself quite early in the feet and ankles. If not checked by treatment, it is liable to extend to all parts of the body, even to the scrotum. When excessive, the patient presents, as in my first case, the appearance of being extremely fat. The dropsy is not always limited to the cellular tissue underneath the skin, but it may also assume the form of œdema of some internal organ, or effusion into a serous cavity. In order of sequence, œdema of the lungs is most frequent; next to this there is found effusion into the pleura, the peritoneum, the pericardium, the encephalon, and in rare instances œdema of the glottis may occur. The danger from the dropsy itself depends entirely on its location. While anasarca or ascites is scarcely ever fatal, œdema of the lungs or the glottis, or intracranial, pericardial, or even pleural effusions always give rise to alarming symptoms, and sometimes prove rapidly fatal.

The diminished amount of urine passed is sometimes the first symptom to call attention to the renal complication. As the disease advances, the amount grows less and less, until, in extreme cases, there is complete anuria. Even the urine that is voided does not as a rule contain the normal proportion of urea. In consequence of all this we may expect to find, as we frequently do, symptoms of uræmic poisoning. Among the earlier of these symptoms are headache, nausea and vomiting. Following these are somnolence, threatening coma, and convulsions. Although these symptoms are unquestionably serious, they do not necessarily betoken a fatal termination. Under prompt and appropriate treatment many patients with severe convulsions, and even in a condition approaching coma, have been so benefited in a few days as to become fully convalescent. On the other hand, not infrequently, the eclampsia continues in spite of all treatment, and the case ends in a fatal coma. It should be borne in mind that death may result in the same way from intracranial effusion. Some care is therefore often necessary to differentiate between these two conditions.

The fever in post-scarlatinal nephritis may vary considerably. Frequently there is no elevation of temperature at all. Sometimes it is normal in the mornings and shoots up a degree or two in the evenings. Not infrequently the outset of the disease is marked by a distinct elevation of temperature, which quickly subsides again to normal. Occasionally, in the midst of a normal or slightly elevated temperature, there are exacerbations of short duration. Only rarely does the temperature remain high continuously, or even for any considerable length of time. It has been noticed that an exacerbation of the temperature is sometimes followed by the passage of bloody urine; thus indicating that there had been a temporary congestion of the kidneys which was relieved by the transudation of blood into the urine. This condition may be reproduced from time to time, and at those periods when the blood in the urine is markedly diminished, or entirely absent, the temperature falls to normal. In uræmia it is generally sub-normal.

There is a notable peculiarity about the pulse in post-scarlatinal nephritis. While it is generally very rapid in the early stage of scarlatina, it is now found considerably retarded, often slower, indeed, than in health, and sometimes irregular. It may also remain slow even when there is considerable elevation of temperature. A pulse of sixty-eight in a child is not uncommon. It may, however, be accelerated by some accidental cause, or by the approach of death.

Affections of the eye are sometimes met with in this form of nephritis. Some writers have described a special form of retinitis, which is said to arise quickly and cause various degrees of loss of sight, without producing total blindness. Although the course of this affection is spoken of as protracted, the prognosis is considered favorable. This form of retinal disease is believed to be something quite different from that which so often occurs in the course of chronic renal disorder, and which is characterized by gross structural changes in the retina of a permanent nature. The affection of the eye most liable to occur in post-scarlatinal nephritis is *amaurosis uræmica*. This is an acute, suddenly-appearing symptom sometimes met with in uræmic poisoning, and must therefore be reckoned amongst the group of symptoms of that disorder. The amaurosis is happily transitory, disappearing often as quickly as it comes. On arousing from a state of unconsciousness, the patient sometimes finds himself entirely blind; this may continue for two or three days, but rarely lasts longer than ten days. The ophthalmoscope fails to reveal, so far as I know, any pathological alterations of the visual organ which could account for the sudden blindness. It has been suggested that the cause may lie in simple œdema of the retina, which is not improbable.

The duration of post-scarlatinal nephritis varies according to its intensity. In the mildest cases the symptoms may all disappear in two or three days. In a fairly marked case the albuminuria may last for two or three weeks, disappearing very gradually. Even after the disappearance of the last trace of albuminuria, some other abnormal products frequently continue in the urine for a long time. The form of nephritis characterized by anasarca and dropsical effusions may last from one to two or three months, and sometimes even longer. With the disappearance of the dropsy the albumen in the urine usually diminishes, though it often continues to be present in a small quantity for a long time, even after the patient believes that he has fully recovered. Occasionally the nephritis becomes chronic; or, months after the apparent recovery, the patient, from exposure, or some other cause, is seized with a return of well-marked albuminuria and possibly dropsy, and may die of chronic Bright's disease. When death results from the acute form of the disease, it may ensue in the first, though more frequently not until the second or third week.

*Treatment.*—But little attention need be given to the first form of albuminuria. If it be, as is claimed, merely febrile albuminuria, it will disappear with the fall of temperature. In the second form of albumi-

nuria, or that depending on septic changes in the kidneys, the treatment should be aimed more especially at the local and systemic conditions which give rise to the renal disorder. Fortunately, in this form of the disease the function of the kidneys is but little disturbed; it is only when general nephritis supervenes that their secreting power is seriously affected. Therefore, in the third form of the disease, or post-scarlatinal nephritis, treatment is always required, and often that of the most prompt and active character is demanded.

In the first place, it is highly important that this complication or sequela should be prevented. Therefore, during convalescence from scarlet fever, the patient should be properly clothed and kept in-doors, and in a uniform temperature for three or four weeks after the fever has disappeared, or until desquamation has entirely ceased and the new epidermis acquired sufficient thickness to afford proper protection. The urine should be examined for albumen every few days, and as soon as any is discovered the patient should be put to bed in a room having a uniform temperature of  $72^{\circ}$  to  $75^{\circ}$  F. The diet should be liquid: there is nothing better than milk. An effort should be made at once to relieve the hyperæmia of the kidneys. For this purpose warm water baths, at a temperature of  $98^{\circ}$  to  $100^{\circ}$ , continued from fifteen to twenty minutes, may be used; after which the patient should be returned to the bed and covered with blankets.

Purgatives may be used early, and even repeated later on with advantage. They should be selected from that class which produces watery stools. Perhaps one of the safest purgatives, and at the same time most useful, is the *pulvis jalapæ compositus*. This may be given in doses of ten grains to a child five years old, and repeated as circumstances may require. Its action may be increased by allowing the child to drink freely of a solution of bi-tartrate of potassa—say in the proportion of a teaspoonful of the salt to a tumblerful of water. It should be borne in mind that patients in this condition are apt to be anæmic, and therefore purgation should not be carried to excess.

Drugs producing diaphoresis should also be employed—such as citrate of potassium, acetate of ammonium or potassium, and sweet spirits of nitre. When the urine is greatly diminished in quantity, and serious symptoms threatening, there is no drug so efficient as pilocarpine. This may be administered to children from two to six years of age, in doses varying from the one-fortieth to one-twentieth of a grain, and repeated every six hours. In case the stomach will not tolerate it, it may be employed hypodermically—say in doses of one-twentieth of a grain to a child of five years. It acts both as a diaphoretic and diuretic, and it also increases the salivary secretion. Any depressing effect liable to be produced by it may be guarded against by the simultaneous administration of stimulants.

When there is great anasarca and difficult respiration, with the urinary secretion suppressed or greatly diminished, I have found no agent so useful as hot-air baths. Each bath should be continued for about

one hour, and may be repeated once or twice daily, according to the urgency of the case. When properly used, these baths are far more certain to produce not only diaphoresis, but profuse diaphoresis, than any drug or agent that I have ever employed. I have seen patients gasping for breath, and whose lives seemed in imminent danger, relieved of this distressing symptom by one or two such baths.

Diuretics of not too stimulating a character are always useful in the latter stage of the disease, and they may indeed often be employed with advantage in the early stage. Digitalis is one of the most serviceable, and it may be employed from the very commencement of the malady. I think the best way of administering this drug is in the form of an infusion. It may be given in combination with acetate of potassium, as follows:

R.—Potassii acetatis . . . . . ʒ ij  
Infus. digitalis . . . . . ʒ iij

M. Sig.—Teaspoonful every three hours to a child of five years.

Meigs and Pepper recommend the following mixture:

R.—Potassii bitart. . . . . ʒ j  
Sp. juniper. comp. . . . . ʒ iij  
Sp. æth. nitros. . . . . ʒ j  
Tr. digitalis . . . . . ℥ xv  
Syrupi . . . . . ʒ v  
Aquæ . . . . . ʒ iij

M. Sig.—Teaspoonful every two hours to a child from two to four years of age.

Local measures may be employed over the region of the kidneys. Leeches have been used; but as there is always a marked tendency to anæmia, leeching is only admissible in robust patients. Dry-cupping, however, may be of service. Poultices are useful, and may be applied in any case. I am in the habit of using ground flaxseed and mustard, in the proportion of fifteen tablespoonfuls of the former to one of the latter. In this way the poultice is made somewhat more irritating.

For the uræmic convulsions, I know of nothing better than the warm water bath, bromide of potassium, or hydrate of chloral. The bromide should be given in large doses. To a child three years of age, five grains may be administered every fifteen minutes until two or three doses shall have been given, provided the convulsive movements continue that long; afterwards the dose may be repeated at longer intervals. Hydrate of chloral is doubtless more efficient. Five grains of this drug introduced into the rectum of a child from three to five years of age, will generally control the convulsive movements within fifteen or twenty minutes. Inhalation of chloroform has been recommended; it doubtless will give temporary relief. But whatever antispasmodics may be employed, it is highly important that the efforts to relieve the choked kidneys should be continued at the same time.

After the acute stage of the renal disease has abated, ferruginous tonics are found of great service. There are two preparations to which I am very partial. One is a solution of citrate of iron and ammonia, with sometimes the addition of a little carbonate of ammonia; and the other is Basham's mixture.



## A CASE OF RENAL CALCULUS.

By ERNEST B. SANGREE, A.M., M.D.,  
Demonstrator of Histology in the Medico-Chirurgical College of  
Philadelphia.

LATE one night I was called out to see a young lady, twenty-three years of age, who was suffering from what at first seemed to be an attack of lumbo-abdominal neuralgia. To abate the pain which was intense, I gave her a subcutaneous injection of morphine sulphate gr.  $\frac{1}{4}$ , and also a full dose of chloral hydrate by the mouth. These soon relieved her in great measure.

The outset of the pain she described as beginning over the right kidney, and from there extending along a line parallel with the ureter and down the inner aspect of the thigh. It also radiated over to the center of the abdomen, in the line of the lumbo-abdominal nerve.

On questioning her I learned that she was from the country, and in the city merely on a visit, and that she was then taking medicine for neuralgia.

These attacks had begun over a year before, with one of great suddenness and severity, coming on after a carriage ride, and they had occurred every three or four weeks since, in spite of all medication. A ride on the railway, or in a carriage over a rough road was likely to produce an onset, as was also any active exertion, such as sewing on a machine, and for this reason she had been compelled to give up her occupation—that of a dressmaker. During the last year she had lost considerably in weight. Within the same period she had noticed blood in her urine three times, though this had happened not immediately before or after an attack, but in the interval. She constantly experienced a dull pain over the right kidney, which was slightly increased by pressure.

I found upon careful examination that her urine presented the following characteristics: Sp. gr. 1.018, reaction, acid; color, light amber, and clear with the exceptions of a few shreds of mucus; no albumen, no sugar. After standing twenty-four hours a flocculent deposit appears, which the microscope showed to be composed of mucus, amorphous urates, much epithelium from the bladder, and numerous crystals of oxalate of calcium. Many of these crystals were of very large size, and though she suffered no pain in urinating, yet I think the extraordinary amount of bladder epithelium must have been due to the erosive action of these angular crystals. All forms of oxalate of lime crystallization were represented: octahedral, dumb-bell, and the different variations such as oval, spherical, and the like.

As neither pus nor blood was present, there could not be cystitis. Again, the failure to find pus, together with the comparative insensibility of the kidney to pressure, showed there was not calculo-pyelitis and that the stone must therefore be embedded in the substance of the kidney. The diagnosis was accordingly an oxalate of lime calculus in the body of the kidney.

For treatment, alkalies were given in order to keep the urine nearly neutral. She was to take plenty of diluents, and abstain from foods rich in oxalates. In addition to this she should have rest as nearly abso-

lute as possible, in the hope that the stone may become encysted and trouble her no more. If it does not, however, and the attacks should persist, and perhaps increase in frequency and violence, making life a burden to her, then an operation for the removal of either the calculus alone or the kidney along with it must be seriously discussed.

## INSTANCES OF THE HEREDITARY INFLUENCE IN THE CAUSATION OF MULTIPLE PREGNANCY.

By CHARLES MEIGS WILSON, M.D.,  
Physician in charge of the Philadelphia Lying-in Charity.

THE following cases are reported on account of their rarity; two came under my personal observation, and the third was related to me by a thoroughly trustworthy person. What subtle influences lead to the habit of multiple fecundation, and how that habit is handed down from one generation to another, or may even be manifested through several succeeding generations, I am at a loss to explain. That such idiosyncrasies do, however, exist, cannot be doubted, in view of the fact that while they are rarely found, yet several instances have been recorded. On August 4, 1889, I delivered, after an easy labor, in the maternity ward of the Lying-in Charity, Florence B., of two male children. They were undersized, one weighing four and one-half pounds, and the other five and three-quarter pounds. Their placentæ were entirely separate; the sacs were, however, fused together. Six weeks afterwards I delivered her twin sister of two male children, both undersized and of a combined weight of nine and one-quarter pounds. Upon making inquiries of the sisters I found that their mother was a twin, and that she had twice given birth to twins. Their mother had borne female children only; hers were all legitimate pregnancies. The two sisters that I attended were both primiparæ, and were both illegitimately pregnant. I have instituted careful inquiries to trace back, if possible, whether this habit existed in any former generations of the family.

The second case I wish to record is that of a woman, Mrs. James S., whom I have thrice in succeeding pregnancies delivered of twin children, and who was herself a twin.

The third case is that of a patient who showed me corroborative evidence in the record of his family births of the fact that he was one of three succeeding sets of twins.

INDUCTION of artificial labor is done simply by a method recently brought out by Pugliatti, but which the translator has practised many years with satisfactory results. Patient is brought to the edge of the bed, a bivalve speculum is introduced, and an antiseptic injection administered. A clean, aseptic, elastic bougie is gently introduced as far into the uterus as it will pass; the remainder is coiled up in the vagina. If pains do not begin in three hours, another vaginal injection is given and followed by the introduction of a larger bougie.

—D. Med. Zeitung.

## Hydrotherapeutics.

### A PLEA FOR THE PRACTICAL UTILIZATION OF HYDROTHERAPY.<sup>1</sup>

By SIMON BARUCH, M.D.,

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[Concluded from page 781.]

WINTERNITZ dwells with his usual clearness and scientific precision upon the reasons of the improvement obtained in phthisis by hydrotherapy. He quotes Dettweiler, whom you all know as the most successful phthisistherapist, in its favor. Winternitz applies continuous moist compresses to the chest, covered by dry flannel, in most cases. For the hectic fever he uses wet packs, followed by rubbing in the wet sheet, or the rain bath of one minute. Among 169 cases of phthisis of various types, treated at his institute since 1874, 76 per cent. gained in weight. The cases are given in detail, and the result shows that in 58 cases of florid phthisis with hectic fever, in sixteen a cessation of the process was obtained. In the majority of the cases not improved locally, the general condition, appetite and strength were enhanced, the fever and sweating diminished.

At the Montefiore Home, which is a hospital whose rules forbid the admission of any curable disease, the cases of phthisis are of the most pronounced types, usually refused at other hospitals. Even among these desperate cases, all of which have usually had the prevailing medicinal treatment, the result of hydrotherapy in phthisis has been striking, as a few brief histories, for which I am indebted to the efficient senior house physician, Dr. L. Ettinger, will show.

G. S., aged 28, consolidation of apex front of right lung, admitted Dec. 23, '88, with pain in chest, severe cough, yellow expectoration, severe chills, followed by fever and sweating. Dry pack, cold wash off, followed by wet sheets. Result, entire abatement of symptoms, no physical signs of consequence. Discharged, May 1, '89 (weighing 149 pounds), at his own request.

J. S. Double chest lesion. Wash off and wet sheet. Complete cessation of cough and expectoration. Weight increased from 115 to 126 pounds.

A. L. Right apex lesion. Cold wash off (water at 65° F.), followed later by wet sheet. Marked improvement in all symptoms. Weight increased under hydrotherapy, in two months from 124 pounds to 134½.

H. F. Left upper lobe. Marked emaciation, extreme anaemia, cough, expectoration, repeated hemoptysis, weight 96 pounds. Arsenic, creosote, cod-liver oil, cold wash off daily. Complete disappearance of hemoptysis, almost of cough, no fever, presents picture of health, weight 104 pounds, no râles, decrease of dullness.

N. R., aged 37. Right apex lesion. Sick four months with cough, expectoration, loss of flesh, hemorrhages and fever, very feeble, anaemic, emaciated. T. 102. P. 110. R. 31. Weight 103½ pounds. Severe hemorrhage directly after admission. Did not improve

from May 19 to June 10, when daily cold wash off was begun. Improvement rapid, anaemia disappeared. Discharged at her own request, with a gain of seventeen pounds in weight.

Lilly W., aged 9. Double mitral lesion. Admitted extremely feeble, anaemic and hopeless. Received cardiac tonics, iron, cod-liver oil (all of which she had before admission). Wash off at 65° F., succeeded by wet sheet daily. Is now in excellent spirits, walks to public school daily.

Chronic rheumatism and gout, those most obstinate maladies, have long been eloquent witnesses to the value of hydrotherapy. The immense number of cases cured by Priessnitz, many of whom belonged to the highest ranks in England, France and Germany spread the reputation of hydrotherapy far and wide among the lay people. The triumphs of the German peasant were observed by an eminent German physician, Schedel, and thus communicated to the profession. These cases so often revert to the empirical hydropaths, after prolonged and ineffectual medicinal and dietetic treatment, that they form the largest contingent of patients from whom the empirics derive the greatest reputation and financial results. In France, however, such cases are usually sent to men who, like Duval, are educated hydrotherapists.

From the Montefiore Home were discharged two cases of chronic rheumatism, cured, both of whom came there, like all other cases, to spend their last days in comfort.

*Constipation* is one of those minor functional ailments which give us no end of trouble. After failure of medicinal agents, I have obtained such excellent results by electricity and hydriatic measures that I am tempted to a brief reference. A few cases will illustrate the treatment.

M. G., for whose history I am indebted to Dr. Ettinger, of the Montefiore Home. History of exposure to lead, being a painter; marked abdominal distention, indefinite pain, sallow, anaemia, anorexia, severe constipation, which has resisted all medicinal measures before and after entering the Home. His constipation, as well as general condition, were regarded as hopeless by all his medical attendants.

March 15th. Weight, 139 lbs. Dry pack and cold wash off daily. No effect.

20th. Wash off preceded by hot fomentations to abdomen. Enema of water at 45° F., to be retained, one-half hour before wash. Large laxative enemata necessary to move bowels daily.

April 1st. Girth diminished, abdomen soft; still requires large enemata.

April 3rd. Pil. aloes and mastich one before each meal; no effect on bowels for three days.

10th. Entire disappearance of abdominal swelling; cold enema is retained; bowels regular, once or twice daily; reduced to one pill at bedtime.

May 1st. Discharged at his own request, cured; weight, 149 pounds, a gain of ten pounds in six weeks.

M. A., æt. thirteen, inmate of N. Y. Juvenile Asylum, recorded by Mr. Henry Carpenter, student of medicine; suffered from constipation always; had taken magn. sulph., and other laxatives, also cold

<sup>1</sup> Read before the New York Academy of Medicine, November 1, 1887.



baths and massage, to improve general condition; four c. c. pills without effect. A second dose was followed by a scanty stool. Cascara had no effect. Her appetite was poor. On the 23d Aug., I ordered all medication stopped; an enema of 3 vj of water at 65° was given, to be retained, and finally strong Faradic current over colon once daily for twenty minutes. A linen compress wrung out of water at 60° F. was constantly worn, renewed three times daily with a wash off. A small stool followed, an hour after first cold enema; on the second day another followed four hours after enema. A rash appeared under compress on third day; current was increased. On the fifth day she had the first normal stool; appetite began to improve. Pain was produced by enema on the twelfth day; ordered it every other day for two weeks. She is now in perfect health and her bowels regular. These enemata of six ounces of cold water, it should be noted, do not act mechanically, but as stimuli to the innervation of the intestine.

An illustration of the tonic and sustaining effect upon the nervous system of cold ablutions is furnished by the case of M. E., a patient at the Montefiore Home, for morphine habit. He was a pitiable object, emaciated and haggard to the last degree; pulse 150. The quantity consumed by him reached two ounces of Magendie's solution hypodermically each day. This was slowly and gradually reduced in the course of three months, while patient's strength was sustained by good food, stimulants and cold ablutions after dry pack. He is now in excellent condition; his face is full, eye bright, and the habit entirely removed.

The tonic effect of hydrotherapy, so well illustrated in this case, is clinically established by the general results in the Montefiore Home for Chronic Invalids. This is really a home for incurables, but does not bear that title, because it would be equivalent to Dante's inscription: "They who enter here leave hope behind." It is a positive rule that no case be admitted that has not been pronounced incurable by other hospitals or physicians, and whose incurability is not vouched for by our examining physician. The benevolent gentlemen of the visiting committee satisfy themselves personally of the facts; and yet, among these desperate and hopeless cases, the last report records six cured and thirty-five improved, eight of whom have returned to their homes and daily work. Can clinical testimony be more convincing?

Time forbids my entering upon that most fruitful of all fields for hydrotherapy—the febrile diseases. In these the third method referred to, viz., the arming of the patient for the battle with disease, is illustrated. As I have already spoken and written a good deal upon this subject, I must complete this rapid review by merely referring to the fact that statistics whose sources are unimpeachable have demonstrated that the mortality of typhoid fever has been reduced from 25 per cent. to 2 per cent. by the systematic bathing of Ernest Brand's method. I am glad to learn that Drs. Flint and Dana have introduced this method into their divisions in Bellevue Hospital, and that Dr. Peabody uses it in the New York Hospital.

The latter emphasizes one point that cannot be too often reiterated. He says that "cold sponging, in many cases, is wholly inefficient; many lives have been lost by a timid temporizing with this modification (of bathing)." This is but too true. I desire to reiterate the necessity of implicitly following an exact technique in hydrotherapy. Wrapping a typhoid patient in a sheet and sprinkling her with ice-water, as was done to my knowledge in two metropolitan hospitals by able gentlemen who are teachers of medicine, is *not cold bathing*. They reduced the temperature, but the patient died. The bath must be adapted to each case; and the fact should never be lost sight of that its object is *not* to reduce temperature, but to refresh the nervous system, and enable the organism to withstand the lethal influences at work in the regular progress of the disease.

As an illustration, I may mention a case now under treatment in my service at the Manhattan General Hospital. I found him in the fifth week of a typical case, after having had hemorrhage and pneumonia, with a feeble, rapid pulse; temperature range from 101° to 104°; mental confusion; sluggish peripheral circulation; altogether an unpromising case. The usual bath at 65° for fifteen minutes would have sent him into an irremediable collapse. The nerve centers required arousing and refreshing. I ordered a sheet, partly wrung out of water at 70°, to be wrapped around him for ten minutes, and covered by a blanket, followed by an ablution with water at 65°. Temperature was reduced to 101° by this procedure; he became brighter. Compresses wrung out of water at 70° were kept on his abdomen so long as his temperature was above 102°. Patient has had no delirium since first wet sheet, to which he objects most strenuously, however.

Gentlemen, craving your indulgence for having so long detained you, I must now bring this imperfect sketch of hydrotherapy to a close. I trust that in this plea for its practical utilization, I have shown that modern hydrotherapy is no longer an empirical method. Though of such parentage, and nurtured into active life under such environment, its aims to-day are definite, and it explains every process upon well-proven premises. This is science, in its true sense; this is the goal of medicine for which ages have striven in vain; a goal, though not yet fully attained and probably not attainable, which is, nevertheless, so replete with promise that he who will strive in the same direction will be gratified by the result of his labors. This goal has not been reached in the treatment of disease, because hitherto the men who, like Hippocrates, Hufeland, Hahn, and Currie, realized the empirical value of water, were more or less in the dark regarding the organic processes of life in health and disease. The grand physiological and chemical discoveries of the present time have enabled men like Winternitz, Delmas, Pleniger, and others to place hydrotherapy on a rational basis, so that to-day we may say with Plohn, "As in no other department of medical activity, we find here a method whose advances have been individually and physiologically tested and adapted to the laws of the living organism, to be converted into a rational curative

measure for special purposes of application; whose therapeutical results are the more reliable since they have been often corroborated by empiricism, prompted by a spirit of impartial and fruitful research. That which medicine of the Nineteenth Century has struggled to attain since it awoke from the desperate period of absolute skepticism—namely, practical, prophylactic, and therapeutical action, based upon the results of theoretical research in its whole extent, thereby being in a position to give the practical physician that security of which the physicist and chemist boasts—all this hydrotherapeutics is on the way to accomplish."

In conclusion I desire to reiterate, however, what I have said before—that I do not regard hydrotherapy as a universal measure, which will displace the well-tried medicinal remedies, whose value has been carefully tested by able and conscientious men, and which I would be the last man to dispense with. But I would urge upon you to test it fairly and fearlessly. You will find it an auxiliary of no mean power, especially in those trying cases which have baffled your best directed efforts.

47 R. 60TH STREET, NEW YORK.

## The Polyclinic.

### MEDICO-CHIRURGICAL HOSPITAL.

#### OPERATION UPON NASAL SEPTUM.

A YOUNG man, seventeen years of age, with a deformity of the nasal septum, the cartilage being bent to the left and almost completely closing the left nostril. The patient being etherized, an incision is made close to the left ala of the nose. A straight bistoury is then passed into the wound and the cartilage cut from the vomer, seized with a strong pair of forceps and forcibly bent over and straightened. Having arrested the hemorrhage, the nostril is washed and plugged with iodoform gauze. The incision being so small, it does not require to be stitched.

—Pancoast.

#### SYPHILITIC ULCERS OF FOOT.

Wm. S., fifty-three years old, single, a truckman or farmer's help, presents himself by the aid of a friend only, and when asked to walk, goes upon hands and knees. A case of old frostbite, got six years ago, by sleeping in an out-building.

His stockings being removed, it is seen that all the toes of one foot have been removed, and all but the smallest toe of the other foot are also minus. There are also ulcers of unhealthy hue and sluggish appearance, some flat and others in the shape of sulci. There are also large callosities below, and the anterior end of the calcaneum is much lower than the posterior end. Moreover, on placing the hands on the two feet at the same time, we notice that one is much warmer than the other, though the same warmth of foot-wear has been used. Examining still closer, it is seen that, while there is a generally bluish and forbidding color to each foot, the one of low temperature looks worse.

On inquiry, it is found that the ulcers have plagued the man for months. The unhealthy look, peculiar color, and long persistence of the ulcers hint of specific taint. Again inquiring, the patient confesses that he has had primary and secondary syphilis.

*Treatment.*—First, externally, thorough washing of the ulcers with a 1 to 1000 solution of the corrosive sublimate wash, using as hot water as is comfortable, then drying carefully with sublimate cotton, dusting thoroughly with iodoform, and covering with the same kind of cotton and a roller bandage. Secondly, for internal treatment, we will put him on the iodide of potash, as in the following formula.

R.—Potassii iodidi . . . . . 3 ij  
Syrupi sarsaparillæ . . . . . 3 ij  
Aquæ puræ . . . . . q. s. ad 3 vj—M.

Take a dessertspoonful four times a day.

We will ask the patient to report at our service on Friday. We will watch the effect of the internal treatment particularly, changing, if need be, to other of the iodides, or to the use of corrosive sublimate.

—Stubbs.

### PHILADELPHIA HOSPITAL.

#### OPHTHALMIA NEONATORUM.

YOU know that it is not uncommon, several days after birth, to have a slight redness of the eyes of the child, with a certain amount of mucus. If no gonorrhœal virus is present, it soon gets well. Here are two cases of purulent inflammation of the eyelids and conjunctiva, in which the lids are swollen, tumefied and red; and there is a copious secretion of pus. In this child you see it in the stage of deferescence. It was formerly supposed that inflammations of the eye rose from any micrococcus; but when you get a case of purulent inflammation of the new born, it is due to the gonococcus. Prognosis is bad in neglected cases, for ulceration, with perforation and loss of one or both eyes, occurs. During the summer just past we had a case of gonococcal infection, and, in spite of all we could do, both eyes became infected and were lost. Treatment is first prophylactic, as the vaginal douche to the mother at the beginning of labor; but the cocci shelter themselves so much in the folds of the mucous membrane that the antiseptic solution cannot reach all of them; still the douche will mitigate the severity of the case. Crede's method is to drop a few drops of a two per cent. solution of nitrate of silver in the eyes one-half hour after birth, and follow this by flushing with a very mild salt water bath. Thoroughly cleanse the eyes by a continuous stream from a douche, and run the stream from the inner to the outer canthus, to avoid infection of the other eye. Usually both eyes are infected; but if one is not, close it with antiseptic gauze and cotton which has been salicylated, to protect it from infection. A saturated solution of boracic acid may be used *ad libitum*, or you may use mercury bichloride, one to ten thousand, or a two per cent. nitrate of silver solution. If the case promises to be severe or long, put the iris at rest by atropia. May use boracic acid solution every hour, but when the nitrate of silver is to be used, apply it yourself. Always caution the family of the contagiousness of this disease.

—Davis.



## ST. LUKE'S HOSPITAL.

SERVICE OF DR. B. FARQUHAR CURTIS.

*J. V. D. Young, House Surgeon.*

## LAPAROTOMY (EXPLORATORY) FOR ABDOMINAL TUMOR.

THE case which I present to you to-day is one of great interest. The symptoms are obscure and the difficulties of diagnosis correspondingly great. The history is as follows:

Mrs. —, aged 33, Irish, nine years in the United States, married seven years, last confined fourteen months ago, weaned baby six weeks ago, has suffered with leucorrhœa since marriage, and dyspareunia for the last six months. Menses appeared at the age of thirteen; last menstruated, October 12.

Oct. 6. Complains of pain in right side of abdomen (iliac fossa), pain extends over whole abdomen, but is most marked in lower part. The pain is paroxysmal, bowels constipated, were moved by large doses of magnesia (for the first time in seven days).

Oct. 11. Complains of flushes of heat, thirst, chilly sensations, anorexia, nausea, vomiting, has no headache.

Vaginal examination: Cervix lacerated on right side, slightly softened, os patulous, uterus as a whole slightly prolapsed and displaced to the right.

Bi-manual palpation: On the right side a globular mass, extending up to the umbilicus and two or three fingers width to the right of the median line; the mass depresses the vaginal vault, and is somewhat painful on pressure. Practically, the same conditions exist on the left side. The uterus is immobilized by this mass.

The question before us, is the nature of this mass or tumor. The symptoms are not distinctive or even suggestive of any particular lesion. The differential diagnosis, we believe, lies between hæmatocele, parovarian cyst, and extra-uterine pregnancy. The symptoms complained of on the eleventh, heat, flushes, thirst, chilliness, etc., lead us to favor hæmatocele, as, although slight, they may be regarded as indicating internal hæmorrhage.

Since Mr. Lawson Tait called attention in his lectures on "Ectopic Gestation" to the primary tubal origin of almost all extra-uterine gestations, hæmatocele has been regarded with unusual interest. Though for many years the relation of a ruptured tubal pregnancy in causing hæmatocele was recognized in some cases, it was not until Mr. Tait called attention to this fact, that it was suspected that tubal pregnancy was so important a factor in the pathology of this lesion, and now, in cases of hæmatocele, we search most eagerly for foetal structures to sustain or refute this view. The history of this case does not aid us at all on this point. The woman weaned her child only six weeks ago. Menstruation occurred on the sixth, apparently normal in character. The cervix is slightly softened, and os patulous, it is true, but these are not distinctive, and may readily be ascribed to other causes than pregnancy. Another fact which would tend to make the discrimination against the existence of tubal pregnancy stronger is, that there has been no long period of sterility.

Therefore, an accurate diagnosis being impossible, the woman's condition demanding immediate relief, the case is one eminently fitted for an exploratory laparotomy. The operation which we shall do to-day is, therefore, an exploratory laparotomy, for supposed hæmatocele with the possible occurrence of a ruptured tubal pregnancy.

Making an incision through the linea alba, we are now down on what we regard as the peritoneum; further examination confirms this: the peritoneum is much thickened, and the cyst wall is strongly and closely adherent. The adhesive inflammation which has bound the cyst to the peritoneum, renders it difficult to distinguish one from the other. Before opening the cyst, as we are in doubt as to its exact nature, we will aspirate with an exploring needle and syringe. The fluid, as you can see, is nothing but blood; therefore our diagnosis of hæmatocele is sustained. Incising the cyst, nothing escapes but blood.

At the bottom of the cyst, I feel a hard body. As we may suspect the primary cause to have been a ruptured tubal pregnancy, is this the foetus? The light is very poor to-day, so it will afford me a good opportunity of illustrating the value of the electric light in abdominal surgery. This small electric lamp is run by an ordinary galvanic battery; we can place it in any position, at any angle, and by its aid search any portion of the cavity. The hard body mentioned is a tense secondary cyst, which I have caused to rupture by pressure. It contains nothing but blood, and a smaller cyst. This I also rupture, and in it I find several hard particles; on close examination, I find these to be true bone.

The correct diagnosis therefore is: tubal pregnancy of less than ten weeks' duration, rupture of the tube into the broad ligament, and subsequent hæmatocele.

We will now complete the operation by stitching the cyst wall to the abdominal wall, close off the peritoneal cavity, introduce drainage tubes, and sew up the abdominal wall in three layers with buried animal sutures.

K. B. P.

THE power of absorption of the organs has been investigated by Pisente, who arrives at the conclusion that the classical theory of the causation of ascites, that the obstruction to the portal circulation, which produces stasis of and transudation through the vessels, is the chief factor, is erroneous. By his experiments it is demonstrated that an additional factor is furnished by the diminution or the total loss of power of absorption of the liver, spleen and gastro-intestinal canal. As this is actually proven, we may conclude that the disappearance of a fluid from the abdominal cavity is determined by two factors:

a) By the cessation or diminution of the process of transudation; and

b) By the restoration of the absorbing powers of the other organs (intestinal canal) entrusted with this function.

Professor Pisente thinks that this second factor, first discovered by him, must receive deserved consideration.—*Cent. f. d. Med. Wissensch.*

# The Times and Register

*A Weekly Journal of Medicine and Surgery.*

New York and Philadelphia, Dec. 28, 1889.

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## THE NERVOUS ELEMENT IN UTERINE DISEASES.

A SUBJECT of greater scope, and one in which the field for speculative theorizing and practical investigation cannot be surpassed, is that of the study of the nervous element in disease. So various and protean are the forms in which the disturbances of that as yet unsolved mystery—the nervous system—loom up before the baffled and distracted physician, that, like the hydra-headed monster of mystic fame, seemingly one almost unconquerable neurotic foe is no sooner overcome and triumphantly laid in his untimely grave, ere two others as complex and intricate phases of the same phantasmic enemy spring into existence, to defy and terrorize the too-exultant victor. To undertake the development of such a subject as the neuroses, in all of their many aspects and bearings upon things medical, is a work too vast and comprehensive for other hands than those of the neurologists. We can devote here but a few lines to some speculation upon one side of the subject only, namely, its gynecological bearing, as suggested by the scholarly paper of Professor Goodell, which appeared in a recent number of the *Medical News*.

Who has not met at some time in his professional career, and often only too frequently, with the neurotic woman; and who is not thoroughly acquainted with her time-honored history of repeated visitations by each new and untried physician, with the inevitable result—failure in obtaining the eagerly-sought-for relief from her miserable condition, till, despairing of ultimate success, and yet ever lured on by the fleeting image of final restoration to health, she sinks at length into apathy and confirmed invalidism? How often do we find that we ourselves have been treating, as a case of cervical endometritis, or of uterine loss of tonicity, what is in reality the outcome of a condition of neurasthenia, allowing the teachings of a dogmatic empiricism to over-cloud our higher power of inferential reasoning!

Here, as Dr. Goodell has so emphatically laid down, is the great medical error of the day: in confounding the simple, local condition to which the attention may happen to be directed by the peculiar manifestations of the neurasthenia, with the more serious constitutional condition; in treating the former for the latter, and in thus allowing ourselves to be developed into symptomatic dogmatists rather than into conscientious rationalists.

That there is an intimate relationship existing between the sexual organism and the central nervous ganglia, is a truth as absolute as is the existence of these organisms; but in what this relationship consists, and how a diseased condition of the one will be productive of a reflex disorder in the other, we cannot say. That such is the case, however, is beyond all need of further assertion. Regarding this as conclusive, it is patent that in a broad and intelligent study of every gynecological patient, the rôle played by the nervous system, in the production of the group of symptoms displayed, merits of primary consideration. Notwithstanding this, however, it is a curious, though self-evident, fact that, in the vast majority of instances the nervous element is either only casually thought of, or still worse, entirely overlooked; or on the other hand, the greater predominance of the nervous phenomena may entirely overshadow their true causation—a disease or perverted condition of the sexual apparatus—and the case be regarded as purely neurotic. The subject thus presents itself in a two-fold aspect, entirely sexual and entirely neurotic in their respective characteristics.

What, then, is the outcome of these considerations? How can we remedy this existing evil? This is the question which must necessarily first arise in a serious review of the field which is before us. We firmly believe that there is and can be but one solution to this problem, and that it lies in a fundamental change in the method of medical education, with a view to broadening the scope of the specialists—of the gynecologist, in the point in hand—so that each patient coming before his notice, will be treated not simply and wholly as an uterine case, but as a complex organism of which the generative portion is but a factor and most often but a minor factor. The necessity of such a course is generally granted. As one of our leading specialists in the surgical domain has wisely said: "A true specialist must necessarily be first a thorough physician in every respect." Let the day dawn when the specialist will become more latitudinarian in spirit, leaving the narrow channels of specialism, as it is now generally understood, for the broader fields of systematic rationalism, and he will become a specialist in the truer sense of the word, and there will be less and still less occasion for the complaint of the abuse of treatment, uterine or otherwise, from mistaken diagnosis.

HOG cholera rages in Kansas.



## THE HIGHER PLANE.

"The highest and only duty of a physician is to make people well."  
—*Organon*.

AFTER quoting this sentence, a late number of a homœopathic contemporary observes that, "viewed in the light of this axiom, most old-school current literature is very profitless reading." In illustration, the severe writer cites one of our most able journals, of which he says that "many brilliant experiments are chronicled, many facts in physiological *materia medica* elicited; but very rarely anything of permanent value in applied therapeutics."

Even taking the sentence just as it stands, the logical mind will find it somewhat difficult to imagine how "many facts in physiological *materia medica* may be elicited," with little or no result in the way of applied therapeutics. Our contention, however, is not against this particular assertion—for it is not worth noticing—but it is against the underlying spirit—one that is all too common among the youth of these practical times, and too much encouraged by those whose years should be suggestive of wiser counsel. We allude to the rapidly-growing tendency to estimate the value of every piece of knowledge in accordance with the amount of dollars it is likely to bring in.

Public sentiment in this country, unfortunately, does not require of the medical profession a high standard of general learning.

The family physician is chosen, even among the more educated class, on account of the church or lodge to which he belongs, the street on which he lives, the society in which he moves, according to the cut of his beard, or some other agreeable physical characteristic, rather than because of any particular skill as a physician or attainments as a scholar and a man of broad culture. We have known, with excellent practice among intelligent people, physicians who said "I done," "I seen," and "them" for "those." Indeed, there is a more or less popular notion that physicians are born, that the medical curriculum, with its requisite degree, is only a legal form, simply to keep everybody from practising the healing art, and that boorishness of behavior, negligence in dress, solecisms of speech, and looseness of morals are only the natural concomitants of innate genius. Beneath these trifling accidents lies the finished physician.

How wide-spread is the belief that intemperate doctors are always the best. The physician of the novel is generally a drunkard; but always a man of supernatural brilliancy when out of his cups. Yet all this, in spite of the patent fact that one who habitually muddles his brain with alcohol cannot command equally as well as a strictly abstemious man all those powers of judgment with which nature and education have endowed him, powers that are nowhere more severely tried than in many of the positions in which the physician is placed.

Thus it happens that a young ignoramus may

leave his bucolic pursuits, attend lectures at some medical school for two or three years, buy a practice, and with the assistance of a few drugs and a book of prescriptions, make a comfortable living as a professional man.

What advantage will it be to him to know the histological characteristics of the intestinal canal, or the pathological appearance of the lungs in pneumonia? Will the people give him any more dollars because of such knowledge? No. Well, then, rather than spend time in reading of physiological experiments, or in studying pathological processes, he had better devote those hours to hobnobbing with Brown or Jones. They might call him in some day, if they fall out with their regular physician. He needs no more Latin than will enable him to make use of the genitive of two or three declensions in several prescriptions he may be required to write for graduation. Afterward this difficulty can be avoided by abbreviating. The knowledge he acquired at the medical school is just about the sum he retains through life, and both he and his patients are content.

But is there no difference between the life of a Newton or a Goethe and the life of a hod-carrier? Is there no such thing as a higher plane of existence? Truly there is, and that is what every individual with one spark of intelligence should strive for. The evolution of his mental forces is a duty which the physician owes both to himself and to his patients; and by the constant additions to his stock of information, the broadening of his views, the increasing the strength of his judgment, his whole life will have been spent with infinitely more pleasure to himself, with much more value to his patients, and with appreciable benefit to humanity in general.

## PUBLIC SCHOOLS.

A SUBJECT that concerns the health of the majority of children in this city has of late been the theme of discussion among those interested in the system of public education. At present, there are two school sessions daily: from 9 to 12 in the morning, and from 2 to 4 in the afternoon. It has been proposed to substitute for these, one long session of five consecutive hours, to terminate at 2 p. m. All idea of shortening the sessions, is opposed by the teachers, who claim that they already have little enough time to cover the limits of the course of instruction mapped out for them. In teaching the young idea how to shoot, a prescribed amount of ammunition has to be crammed into the youthful brain, so that on a certain occasion, *i. e.*, the period of competitive examination, the charge may go off with an effective bang and flourish, regardless of physical or mental strain upon either pupil or teacher. While the one session plan has its advantages and is advocated by some, it is vetoed generally for one reason or another; but is mainly objectionable on account of its pernicious consequences upon the health of the children.

No matter how perfect the means of ventilation, the atmosphere of a school room, containing from 40

to 50 or more children for several hours, cannot fail to become impure, which has more and more effect upon all in the room, the longer they remain there. In some schools there are insufficient accommodations for a recess, and if there be any, the time allowed is too short to properly refresh the faculties and prevent exhaustion and nervousness, sure to result from such a long confinement to study and restraint upon the restless spirits of childhood.

The greater number of children attending these schools belong to families who are under the necessity of taking the principal meal of the day at the noon hour. The children coming home a couple of hours later, would miss this regular meal, and the substitution of a cold lunch, or perhaps a diet of favorite sweetmeats, or other irregular means of satisfying the appetite, would plant the seeds of indigestion, which in turn would form a foundation for other physical ills.

Many of the ailments that afflict the human frame have their origin in childhood, and are traceable to indiscretion and carelessness in those who are responsible for the care and management of the little ones. Literary education and a certain amount of social embellishment are matters of paramount importance, while health and morals are left to themselves, or fall in with the natural order of affairs, as matters of secondary consideration. Less cramming of brains, less strain upon the nervous system, more attention to physical exercise and the natural demands of the human frame, would banish bodily infirmities and establish good health, which priceless boon insures brightness of intellect, proving as a result: *mens sana in corpore sano*.

#### A NEW CONTRIBUTION TO OUR KNOWLEDGE OF DIPHTHERIA.

THE active researches into the etiology, pathology, and treatment of this modern scourge will, it is to be hoped, realize the ambitious expectations of those who have so zealously labored in this fruitful field. In a recent work by Dr. Bruehl, who is connected with the imperial health bureau, and which received the highest encomiums from Prof. Oertel, some points are brought out whose importance our readers will recognize. The authors call attention to the indisputable fact, proven by careful historical study, that everywhere and under all conditions the malignance of diphtheritic infection remains the same. Its deadly character is demonstrated by the official records, which show that in eight years 334,541 deaths occurred, and the remarkable fact is brought out, which is not sufficiently appreciated, that the disease is quite as prevalent elsewhere as in the larger cities.

But the most important fact which is of practical value is their claim that the etiological element for the development of predisposition to the disease, either to its contraction or further development of the infectious germs, may be sought in the frequent immediate change from an atmosphere which de-

prives the respiratory organs of comparatively little water, to one which abstracts from their respiratory tract a great deal of water. They deduce from this probable fact the prophylactic advice, to so construct our dwellings by proper arrangement of the heating apparatus in winter, and of the ventilation arrangements in summer, that there should be no essential difference between the moisture of the air without and within our dwellings. In addition, they recommended the hardening of children by accustoming them to exposure to all kinds of air, the improvement of waterworks, street sprinkling, draining of swamps, etc. If these observations of the author, which, it must be granted, are based upon large statistical data, are borne out by others, it will lead to the elucidation of many obscure cases of diphtheria, and probably to a successful prophylaxis.

#### THE CITY HEALTH.

IN the report of interments for Philadelphia, week ending December 21, we find the following:

Inflammation of the Lungs . . . . .	42
Consumption " " . . . . .	39
Croup . . . . .	21
Inanition . . . . .	19
Heart Disease . . . . .	15
Typhoid Fever . . . . .	15
Convulsions . . . . .	14
Apoplexy . . . . .	11
Diphtheria . . . . .	10
Cancer . . . . .	9
Debility . . . . .	9
Bronchitis . . . . .	9
Old age . . . . .	9
Total from microbic affections . . . . .	116
Total from all affections . . . . .	336

While the number of deaths was exactly the same as the preceding week, and one less than the corresponding week of last year, it will be seen that the proportion of causal diseases has altered greatly. It seems that already the approach of influenza is making itself felt, and that those who would have died of other affections are succumbing to pulmonary diseases; to which 129 deaths are attributed. From this it appears that the true epidemic is not yet here and that the numerous catarrhal affections which now keep our physicians busy are due to local causes or are the forerunners of the true influenza. During the early part of the present week however, cases begin to appear which may be called characteristic of "la grippe;" sudden chills, with violent headache, great prostration, etc. looking very threatening, but soon subsiding.

RETENTION of amniotic remains, is treated by Eberhardt expectantly, and portions hanging from the os are removed. Those contained in the uterus are not disturbed, because the latter is free from micro-organisms. The vagina should be kept disinfected, in order to prevent decomposition of portions that may be expelled into it. If we follow Kaltenbach according to these principles, fever or other unpleasant symptoms will remain absent.

—*Zeitschr. f. Geburtshilfe u. Gynäk.*



## Annotations.

### **PATHOLOGY AND TREATMENT OF NEPHRITIS.**

IN the Italian Society for Internal Medicine Profs. Rattone and Bizzolo discussed this important theme fully. Rattone reaches the conclusion that we must substitute for the idea that nephritis always is due to a primary lesion of the kidney, the view that the latter is secondarily affected by the passage through it of substances acting as poisons and inflaming the vessels, connective tissue and epithelia. Thus the experimental and clinical conclusions of Semmola are brilliantly confirmed.

Prof. Bizzolo discussed the recently re-introduced venesection in nephritis. He regards the effect of venesection as due not to the diminution of the blood current in the inflamed surfaces, nor to the increase of the rapidity of the flow, but rather to the withdrawal of a certain quantity of toxic substances, especially in those cases in which the organism is greatly endangered by intense uræmic manifestations. It is advisable to compensate the loss of blood by transfusion of defibrinated blood or saline solutions. Diuretics are contra-indicated in some cases, but not when there is cardiac enfeeblement. In the latter digitalis, spartein and caffein are more useful. Bozzolo is an enthusiastic advocate of warm and vapor baths, but is opposed to medicinal diaphoretics; he regards pilocarpin as dangerous.

With regard to diet, his personal experience leads him not to restrict his patients to milk diet; but he lessens the consumption of meat, and forbids absolutely the use of beef, preserved meat, peptone, tea, etc., which, according to the present ideas, are true poisons to the nephritic. There are no medicinal remedies, except tannin in the hemorrhagic form, of any value.—*Int. Klin. Rundschau.*

### **POLITICAL MEDICINE.**

OUR brethren of Minnesota do not seem to regard medicine so much as a science as a kind of political machine by which to enhance their own profits, judging from the experience of Dr. George Newgarden, recently reported in the *Press*. This gentleman, a graduate of Jefferson, applied for an examination and a license to practice to the State Board, and though he passed his examination satisfactorily, he was refused a license because he bore the diploma of a college whose course of study was three or four days short of that required by the law of Minnesota. Up to this point the State Board cannot be blamed for its action; a law that is a law should be enforced whatever its nature, and if a bad one it will soon be repealed. But it is a disgrace, if it be true, that such a law was enacted merely to compel students to attend the colleges of the State. Such an action is a direct blow to science and knocks it down to the level of the quack and pettifogger. We sincerely hope that our brethren of the West will not begin resorting to such means to boom their institutions. Let original research and a high grade of instruction be the charac-

teristics of their colleges, and they will receive large numbers of students, though their courses of study be twice the length of those of the Eastern schools.

### **BROMOFORM IN WHOOPING COUGH.**

THIS is recommended by Dr. Steffy in a second paper in *Wiener Med. Presse*. He has treated one hundred cases with satisfactory results. It may be best administered by dropping it into a teaspoonful of water. It falls to the bottom as a pearly mass, which is thus easily swallowed by the most refractory patients, if properly directed. For a child three to four weeks old he gives one drop; older nurslings receive three to four drops. Children from two to four years he gives four to five drops three or four times a day; increasing to six or seven drops in children seven years old. There are no unpleasant symptoms, vomiting after cough ceases gradually, the attacks are less frequent, the appetite improves and convalescence is hastened. He orders only 3.0 at a time, cautioning against exposure to sun and air. If the preparation is red, it is worthless.

### **CÆSAREAN SECTION VS. PERFORATION.**

THIS is discussed in the *Therap. Monatshefte* by Leopold, who despite of the fact that he has lost only two cases out of twenty-five sections, advises perforation in cases in which the true conjugate measures 7.5 cm., because in twenty-two cases of the latter he has had no death.

In connection with the subject it may be mentioned that Thomson, of Dorpat, concludes from actual trials that well sterilized silk is the best material, because it is absorbed in time, while chromic acid and silk worm gut are objectionable, because of their non-absorbability, and carbolized gut because it is too quickly absorbed.

THE December number of the *Sanitarian* comes to us richly freighted with goods of value. Send for a copy. Civilization does not always go forward, but works rather in a circle; with periods of progress and intervals of backsliding. We may not for centuries see the magnificent public baths of imperial Rome reproduced, though those marvels of private luxury are fairly paralleled. And now a writer in the *Sanitarian*, after a review of the subject of the disposal of the dead, advises us to revert to the customs of the Pharaohs, and embalm them; the bodies to be preserved above ground, in a dry state, in mausoleums built for that purpose.

A NEW Journal, *Le Moniteur Medicafe*, is about to appear in Paris. That it comes from the hands of M. Germain Sée is sufficient indication of the high grade of excellence it will possess. We hope to give our readers the benefit of its contents.

NOTE.—The "Manual of Treatment, by Taylor and Waugh," is withdrawn from our offers for the present, the edition having been exhausted. It will be at least six months before a second edition can be prepared.

## Letters to the Editor.

A CORRESPONDENT inquires if there is a man of ability and energy who would care to establish a sanitarium. He has a friend who is a physician living on the Erie sixty miles from New York City. His home is a fine three-story brick, fifty by sixty. There is one acre of ground, well shaded in summer, and altogether it is a beautiful and well-kept property. He would sell or rent the same for a sanitarium. The doctor himself, who is sixty-two years of age, can and would render valuable service in the management of such an institution. Our correspondent considers it a fine opening.

## Society Notes.

### NEW YORK ACADEMY OF MEDICINE.

#### SECTION ON ORTHOPÆDIC SURGERY.

*Stated Meeting, October 18th, 1889.*

A. B. JUDSON, M.D., Chairman.

#### RACHITIC PSEUDO-PARALYSIS.

THE paper of the evening was read by Dr. H. W. Berg, who stated that in this affection the rickety child from two to five years old is unable to walk, and in some cases he cannot stand or even sit. The disability is not the result of nervous lesion, but rather the result of muscular weakness, pain in the muscles and in the bones at the points of muscular attachment, flaccidity of the ligaments, and softness of the bony levers. Such a child wishes to be let alone. He instinctively prefers to keep quiet. This condition may be distinguished from infantile paralysis by the absence of local atrophy and cold; and real paralysis, not so readily, however, from post-diphtheritic paralysis where the differential diagnosis will rest on the preceding occurrence of diphtheria, the recent origin of paralysis, and, above all, on the difficulty of swallowing and speaking dependent on involvement of naso-pharyngeal and laryngeal muscles. Spastic paralysis, even when mild, has an exalted muscular activity which serves to distinguish it from rachitic pseudo-paralysis; and the paraplegia of Pott's disease cannot be mistaken if the kyphosis is obvious. The prognosis is uniformly favorable. These are the cases which give such good results after indiscriminate circumcision. The object of treatment should be to counteract the effect of rachitic malnutrition. These children should have a great deal of milk; cod liver oil should be given unmixed; and phosphorus in the following prescription:

R.—Phosphori . . . . . gr. j.  
Alcohol. absolut. . . . . ℥ cccl.  
Spt. menth. pip. . . . . ℥ x.  
Glycerinæ . . . . . oz. ij.

M. et Sig.—Six minims t.i.d. to be increased one drop weekly until ten drops are given.

Dr. W. L. CARR had seen a number of cases in which a striking lack of muscular power was symptomatic of rickets, although bone changes were not

obvious. A number of these children had been fed at the table or on patented foods. Proper attention to diet soon brings about a restoration of muscular powers without tonics.

DR. R. J. DEVLIN recalled well-marked cases of this affection in children who had been exclusively fed on milk from a healthy mother.

#### NERVOUS SYMPTOMS PRODUCED BY PHIMOSIS.

DR. T. H. HOLGATE said that in his experience with non-rickety children, the relief of preputial irritation by discriminating operative interference had removed serious nervous troubles. In one case, which had been presented to the Academy, inability to walk or stand had been relieved in this way in a child who was entirely free from evidences of rickets.

DR. R. H. SAYRE related a similar case of a boy, who from some central lesion, had not walked for some years. After partial circumcision he could walk with the aid of two canes. A trouble of twelve years' standing had thus been relieved in six weeks.

DR. BERG closed the discussion. He agreed with Dr. Carr in thinking that rachitic inability to walk is sometimes present without the usual rachitic deformities. He recognized the fact that urinary troubles occur as the result of contracted prepuce, but he had never seen a case of lesions of the nervous centres cured by circumcision. He recalled a case of difficult micturition and inability to walk in a rickety child whose phimosis had not been relieved because the operation had been refused. The difficulty in micturition persisted, but the child walked within eight weeks after being put on proper diet.

#### EXCISION OF THE HIP JOINT.

DR. R. H. SAYRE presented a little boy on whom Dr. L. H. Sayre had operated by excision of the hip joint. About a year ago the patient had presented himself with hip badly deformed from long standing disease. The thigh was flexed on the trunk at a right-angle and abducted. A deep abscess was opened behind the trochanter, and the acetabulum and femoral head were found to be badly eroded. The femur was divided above the lesser trochanter, at right-angles with the axis of the shaft, and the deformity was thus reduced by excision instead of by simple tenotomy, which had been proposed at first. The wound was stuffed with iodoform gauze, and after two months of the wire cuirass, a long traction splint was applied, and the boy took a long journey to his home. At the present time there is no abduction, and but a trace of flexion with some motion in the joint.

#### TREATMENT OF ABSCESSES.

DR. JOHN RIDLON asked whether an operation would have been advised for the abscess alone. He had found that many abscesses are certain to disappear when the hip is properly treated mechanically.

DR. SAYRE said that as the abscess was causing but little disturbance, he would have postponed operating on it if the child could have been kept under observation.



DR. JUDSON thought that opening an abscess, if done at all, should, as a rule, be followed by excision—as in the case related by Dr. Sayre—on the ground that the presence of diseased bone is a greater evil than the presence of pus. He had seen no bad results follow letting the abscesses alone.

DR. A. M. PHELPS said that there were some cases of abscess which he would probably not open at once, but he believed the operation perfectly harmless, and desired to speak emphatically against the opinion that it is a dreadful and a dangerous thing to open these abscesses.

DR. H. L. TAYLOR thought that if rest and protection are secured for the joint, the occurrence of abscesses is not of serious import. The aspirator had failed in his hands, apparently because it leaves shreds of necrotic tissue, which prevent the abscess from closing. It seems wise, in most cases, to open freely, clean out easily-removable débris, and close the wound. If sinuses remain, injections with a saturated solution of iodoform in ether will sometimes cause them to close.

DR. L. A. SAYRE said that on the principle that an empty house is better than a bad tenant, he always evacuates an abscess as soon as found, and by doing this antiseptically, and securing thorough drainage, there is no danger of bad results.

DR. R. T. MORRIS said his usual custom is to open these abscesses at once, washing out with peroxide of hydrogen, removing débris, and establishing drainage. He related a recent case in which this procedure, followed by traction in the line of the deformity, had secured a good result. He had recently performed excision in another case, in which disease of the acetabulum and femur had been produced by the application by the physician in attendance of traction in a straight line, according to Thomas' method. In excising the hip, he usually makes a section through the great trochanter, in such a way as to allow the lesser trochanter to go into the acetabulum, and so prevent the formation of a flail joint.

#### THOMAS' SPLINT.

DR. RIDLON did not think Thomas, of Liverpool, made traction in any line.

DR. PHELPS said that Mr. Thomas would treat a case when the leg is flexed at right angles, by lashing the patient to the splint, and then with his wrench bending the splint down as nearly as possible to a straight line. That is a form of traction which produces great intra-articular pressure, and would, if continued for any length of time, produce destruction of the joint.

DR. RIDLON said that he had used Thomas' hip splint in some twelve or fifteen cases with great satisfaction. He found it cheap and easily applied. It had not caused destruction of tissue, but, on the contrary, had relieved symptoms and promoted recovery.

DR. L. A. SAYRE said it seemed as if the profession were determined to misunderstand him, for he had endeavored for years past to make clear what he meant by traction in the line of the deformed limb: it is to make traction in such a way as to separate slightly the bone from the base of the acetabulum,

and so prevent pressure, gradually changing the line of traction until the limb is brought parallel with the other limb, and then apply the splint; whereas, if one employed leverage, as Thomas does, this pressure in the joint is only increased. Not until the limb is in proper position can the splint be applied to advantage. One objection to Thomas' splint is that there is no traction for overcoming muscular rigidity, and hence, it seems to be fixation only, and as such does not compare in point of efficiency with a properly applied plaster of Paris splint; for here the weight of the limb will produce some traction, and the plaster of Paris gives the necessary fixation. Another objection is that the patients wearing Thomas' splint cannot sit down, whereas, with a properly-applied splint, they can sit down with great comfort.

#### THE QUESTION OF EXCISION.

DR. R. H. SAYRE said that in the case presented, the original intention had been simply to open and drain the abscess; but the diseased condition of the bones necessitated excision. As regards the conditions under which he would advise excision, if the leg were straight and the abscess causing but little disturbance, he would postpone the operation, provided the patient could be kept under observation; but if the latter condition could not be secured, he would be disposed to remove whatever disease already existed rather than allow the case to go from under observation with the disease ready to extend at any time.

DR. BERG thought the good condition of the patient in the present case justified operative procedure for the correction of deformity.

DR. TAYLOR thought that excision might be required in neglected cases, of which there probably always will be a considerable number; but the operation should be looked upon rather as treatment of the results of neglect than as treatment for hip disease.

DR. PHELPS practiced excision by an open wound, leaving the periosteum to reproduce bone. The German surgeons remove the periosteum and capsule, and try to secure union by the first intention. Their results are shortening, flail joints, and relapses in a large per cent. of cases. He related two recent cases of excision in patients thirty four and twenty-three years of age. In these cases, the femoral head was destroyed, and the acetabulum extensively diseased, a condition in which removal of the disease is the most rational treatment. In one of the cases the head was found separate from the shaft. He had frequently found this condition, and believed that the head lying loose in the joint cavity is to be considered as a foreign body. It is better to remove it than to leave it to undergo decomposition and lead to septicæmia and amyloid disease. A more useful limb is left if the exsection includes the trochanter. In general, he thought excision under the age of ten is a calamity. In the case presented, however, he thought the result was good, as extreme deformity had been corrected.

DR. JUDSON thought that in excision we have no certainty of removing, together with the diseased



bone, those portions which contain latent foci. He had found no method of determining whether the focus which has burst into inflammation is the only outbreak to be feared, or whether it is to be followed by others. In some patients, a single abscess closes the morbid process; in others, one abscess follows another, showing that osteitis is lighted up successively in the neck, the head, the shaft, and the bones of the pelvis. An excision may fortunately remove all that is diseased, with a good immediate result; or it may leave dormant foci, which come into activity one after another, and lead to a tedious and unfavorable result. Ultimate good results are obtained in these difficult cases by management with the hip splint, and without excision.

#### THE POLYCLINIC MEDICAL SOCIETY.

THE Polyclinic Medical Society gives, under its auspices, a lecture, or holds a meeting of its Therapeutical Section, every Tuesday evening, at 8 o'clock, at the College building, N. W. corner Broad and Lombard streets, during the season. The lectures pertain to subjects of a clinical and scientific character, and its monthly meetings are devoted to the physiological and practical investigation of therapeutic agents. The whole course is free to members of the profession and to medical students. The following lectures and meetings are announced for 1890:

January 7. Dr. Alexander MacCoy, The Clinical Features of Tuberculosis of the Larynx.

January 14. Dr. B. F. Baer, Abdominal Surgery.

January 21. Dr. Thomas G. Morton, Modern Treatment of Club-foot

January 28. Meeting of Therapeutical Section.

February 4. Dr. Edward P. Davis, Use of the Obstetric Forceps.

February 11. Dr. John B. Roberts, The Anatomy of Facial Expression.

February 18. Dr. J. C. Henry Simes, Prostatorrhœa.

February 25. Meeting of Therapeutical Section.

March 4. Dr. R. W. Seiss, Inflammation of the Eustachian Tube.

#### Cincinnati Letter.

IN rheumatism, Prof. J. T. Whittaker recommends the salicylate of soda to be given in doses of seven and one-half grains every three hours until the pain disappears. He lays great stress on the frequent repetition of the dose. After the pain has ceased, the dose should become less frequent.

A woman came under the care of Dr. Joseph Ransohoff at the Cincinnati Hospital, recently, who was suffering from constipation, due to the taking of laudanum in large and frequently repeated doses. Some fourteen months since she had, on account of stricture of the rectum, been operated upon, and an artificial anus made by abdominal colotomy, in our neighboring city of Louisville. The operation left behind it a very successful substitute for the old anus, a sphincter being formed, and, excepting under the influence of

opium taken for the relief of the pain, her actions were good. There was, however, a considerable raw surface about the site of the operation. Dr. Ransohoff determined to try to open up nature's old way, which he did before the class in the amphitheatre. The lower part of the rectum was excised, and the gut brought down and sutured to the anus in front and at the sides; but not in the rear. The object in leaving it open in the rear was to obviate the occurrence of abscess, as it is through this accident that about one-half of the cases of excision meet with their deaths. The cavity of the gut was packed with iodoform gauze. The patient suffered considerable pain after the operation, but is at this writing on a fair way to recovery. The doctor in his remarks before the class said that this was, as far as he knew, only the second operation of this kind where there was present an artificial anus.

Dr. H. L. Taylor, editor of the Cincinnati *Medical Journal*, is in the South for the benefit of his health.

The improvements at the Cincinnati Hospital are about completed and make a very fine showing. The arrangements for the reception of patients, the bathing of the same, and transferring to the various wards, are excellent. The post mortem room is another feature which is hard to improve. Arrangements are being completed by which the patrol wagon on entering the hospital yard will strike a bar in the ground, which will pull a trigger, open the gates into the hospital, ring a bell in the attendant's room and turn on the electric light. The patrol wagon now goes inside of the hospital, and does not unload its freight under the gaze of the gaping crowd as formerly. On motion of Dr. C. L. Armstrong at the last meeting of the board of trustees of the hospital, a chair of Laryngology and Rhinology was added. Motions to establish chairs of Photography and Neurology were laid over, and a motion to establish a chair of Orthopedic Surgery was lost.

Emmett's operation was performed by Dr. T. A. Reamy, Professor of Clinical Gynecology in the Medical College of Ohio, and Gynecologist to the Good Samaritan and Cincinnati Hospitals, before the class at the Good Samaritan Hospital recently. He emphasized the fact that he did not insert first the stitch nearest the apex of the denudation, but the second and third from the apex. His experience had been that it was very difficult to tell just how much tissue you were taking, and just how perfect the coaptation would be on inserting the highest stitch first. The doctor after a thorough trial of all kinds of sutures has settled down on catgut in this operation. He advises that a suture large enough to fill the entire tract of the needle be chosen. He advises the cutting of the thread long, as a short stubby suture is more apt to get between the surfaces which are in coaptation, and prevent their union.

The Medical Treatment of Dysmenorrhœa was the subject of a paper before the last meeting of the Cincinnati Obstetrical Society, by Dr. E. W. Mitchell, Professor of Internal Medicine in the Cincinnati Polyclinic. Remedial measures he divided into those of relief and those of cure. Of the former, opiates are the most powerful for relief and for evil. They should

be avoided. Chloral, if used at all, should be with caution, because of the danger of forming the chloral habit. The prolonged use of the bromides in anæmic subjects has a depressing effect on the general health, and under these circumstances is not good treatment. For the relief of the paroxysms they are of value, and may, sometimes, as in spasmodic cases, be advantageously combined with belladonna or hyoscyamus. With cannabis Indica the writer has often obtained immediate relief, especially so in cases where the flow is free. Antipyrin is a valuable addition to our means of relieving pain. Tincture of cimicifuga and pulsatilla have both been found to give relief in some cases. Oxalate of cerium in six-grain doses has been recently recommended in fleshy robust women with scanty flow. Hygienic treatment is among the best of all curative treatments. Nutrition, exercise, healthful mental and moral surroundings are of the utmost importance. Young girls must receive special attention with regard to these matters, and all undue drains upon their vital forces, as to close confinement in school, at music or art lessons, late hours, and the dissipation of society must be discontinued. Local treatment is seldom necessary. The trouble in these cases is lack of development of the utero-ovarian system. The demands of our modern education and the excitements of "society" keep the demands of the brain and nervous system for nutriment so active, that there has not been sufficient to complete the growth of the sexual system. She now comes to perform an adult function with an infantile organ. The effort is imperfect and painful. The reproductive organs must be given a chance to catch up with the rest of the system in its development. Cases where neurasthenia or mal-nutrition are prominent are best treated by a course of "rest cure," seclusion, milk diet, massage and electricity. The existence of anæmia usually indicate iron, and arsenic is valuable as a tonic. Electricity, both general and local, has rendered him good service. Apioi and manganese he believed to have some specific influence upon the utero-ovarian system. The bin-oxide is probably quite as efficacious as the permanganate and, being easier to give, is preferred. Of the eight cases reported, apioi, bin-oxide of manganese, galvanism and iron had given relief, in cases uncomplicated with appreciable pelvic disease. When constitutional measures do not relieve, examination and dilatation, or other surgical measures indicated, should be made. The general practitioner is perhaps as prone to persist in medical treatment alone, when surgery is needed, as are some specialists to undue haste to examine and operate.

At the Cincinnati Hospital the custom in the obstetric ward is to give a vaginal douche of bichloride of mercury, 1-4,000, at the commencement of labor, and one after the delivery of the placenta. Unless symptoms demand it this is not repeated any more. It is customary to give a half drachm of fluid extract of ergot after the delivery of the placenta.

The treatment of threatened abortion is becoming a matter of considerable importance, partially on account of the change in the mode of living of the women of the present day, and partially because of

the alarming frequency of criminal abortion. An interesting case is reported by Dr. E. S. McKee, of Cincinnati, which is worthy of mention. Was called hastily to see a woman suffering from uterine cramps. She was found in the seventh month of pregnancy and seriously threatened with abortion. Dioiviburnia of the Dios Chemical Co., St. Louis, was prescribed in dessertspoonful doses four times a day. The pains subsided and the threatened abortion passed off. About one month later was called again and found the same condition of affairs, except that the woman was now in the eighth month of labor. She begged for that medicine which had relieved her so much before, and was again given the Dioiviburnia, in the same dose. This threatened miscarriage also passed by, and the woman was in due time delivered of a fine, healthy child. After the delivery was safely over she confessed to her attendant that she had on both these occasions made desperate efforts to bring on a miscarriage. The remedy has done quite well in other cases, but this is probably the one most marked. It merits further trial.

The obstetric clinic of the Medical College of Ohio, which is now under the efficient management of Dr. E. G. Zinke, is assuming proportions thought impossible in modest America. Dr. E. G. Zinke's predecessors worked with little success, but this year already thirteen patients have been delivered before the students, and a number of others are waiting. This is a very important clinic, and the most difficult of all for which to find material.

The appetite for gynecological surgery in Cincinnati has become so whetted that one gynecologist complains that another operator followed a case of his to her hotel on her arrival in the city, and by fair words and an offer to do the work free, induced the patient to go under his care; this, too, after gynecologist number one had examined the patient, agreed on the fee of two hundred and twenty-five dollars and closed the bargain.

Another gynecologist complains that he made a like bargain with a patient for a like sum, but she was enticed into a neighboring city where the operation was done for one hundred dollars. Such methods of doing business were not taught us by our fathers, and do not redound to the credit of the profession.

Hospitalism is epidemic in Cincinnati. The mania for starting hospitals in the last few years has become alarming. So far as memory serves us, the following are comparatively new, the list being quiet complete, though a few may have escaped: Reamy's Hospital, Reed's Hospital, Rickett's Hospital, Lodge Street Hospital, United States Marine Hospital, German Protestant Hospital, Christ's Hospital, Ohio Hospital for Women and Children, Ohio State Hospital for Women, Hall's Hospital, Free Hospital for Women. If this does not look like bidding for paupers, what does it resemble? True some of these are of a private nature.

The removal of the second ovary is frequently a question of no little delicacy to decide. A case of this kind of peculiar interest was one which was operated on by Dr. T. A. Reamy, of Cincinnati, in his private hospital. True, it is becoming much more



common now than formerly, to perform the ovariotomy duplex, but the fact that the double operation has now become but little if any more dangerous, intrinsically, than the single one, does not relieve us of the moral side of the question.

A matter of no little difficulty is it to tell on inspection, whether the second ovary shall be removed or not in a given case. It is not always easy to decide, whether or not we have to deal with a beginning neoplasm which renders extirpation advisable, or whether there is merely an unusual development of follicles on account of which the organ may be enlarged two or three-fold. If there is no doubt of the presence of a neoplasm, the second ovary is as a rule to be extirpated. This, however, is only a plain statement, and is subject to many modifying circumstances. For instance in the case of Dr. Reamy just mentioned, the lady was young, intelligent and wealthy. She was engaged to be married. She had been suffering intolerable pain for a long time, not only during the menstrual, but also the intra-menstrual period. As all the pain was in the left ovarian region, the promise was made the patient that the right ovary should not be disturbed, unless positive evidence of disease presented on exposure. Yet her hearty consent was given to remove it if necessary. While no disease was found demanding the taking out of the ovary, yet to make sure of a thorough cure the temptation was to remove. The few moments parley was fraught with importance. Dr. Reamy asked the advice of the gentlemen present. One would remove it, another would not remove it; the latter gentleman the proud father of three fine boys. Still another inclined to a double operation, fearing a return of pains. Dr. Reamy, after a few moments' careful consideration, allowed the ovary to remain and the woman the right to become a mother as well as a wife.

The case of Sir Spencer Wells is well known. He was in doubt whether to remove both ovaries where one had two cysts, the size of a cherry. The ovary was left undisturbed, and the patient married, bearing four children.

Schroeder, in cases where a new growth was recognizable, and ovulation very desirable, resected the second ovary, allowing healthy tissue to remain, and closed the wound with a few stitches.

It is probably not the removal of the second ovary, which makes the operation any more difficult or dangerous, but rather the fact that the most unfavorable tumors, from an operative standpoint, are most frequently bilateral. If the desire is to abolish ovulation and menstruation, as for instance in fibroids accompanied by hemorrhage, then the second ovary should be removed, even though healthy. In the case of Dr. Reamy, just referred to, the left ovary and tube was removed; the tube was not occluded, but thickened and congested. The fimbriated extremity was adherent to the pelvic peritoneum, and the ovary was considerably atrophied; the cortex of the ovary was much thickened and unusually firm. This condition was so marked that Dr. Reamy thought it would offer reasonable explanation of the unbearable dysmenorrhœa. Interference with the discharge of the Graafian follicle, consequent upon the change, he had often

verified. He stated that the late Dr. James B. Hunter, of New York, had emphasized this view in a paper read before the American Gynecological Society, in 1886. The patient made an excellent recovery.

Dr. Reamy has had a case of laparotomy at his clinic at the Good Samaritan Hospital, before the students of the Medical College of Ohio, every clinic for four successive clinics, a fact which he says has not been equalled by any other college in America.

## Book Reviews.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland at its Ninety-first Annual Session, held at Baltimore, Md., April, 1889. Pp. 264. JOHN B. KURTZ, Baltimore, 1889.

Glancing through these transactions, we are pleased to note the general practical character of the papers. The address by the president, John Morris, M. D., dealt with the all-absorbing question of Crime at the present day. Dr. William Osler delivered the annual address, taking for his theme the License to Practise. Two of the papers upon surgery were in connection with affections of the nervous system. Dr. Canfield read the paper upon practice, taking for his subject the Relations of Dusty Occupations to Pulmonary Phthisis. Obstetrics and gynecology were poorly represented, only Dr. Neale having a new obstetrical forceps to show. Hydrophobia was discussed by Dr. William H. Welch; hypnotics and antipyretics, by Dr. Whitfield Winsey; aphasia, by Dr. Samuel J. Fort; and some experiments with ethylic alcohol, by Dr. John C. Hemmeter. Dr. George H. Rohé explained a painless and efficient method of extirpating vascular and pigmented nævi; and Dr. A. K. Bond related a case of aneurism of the abdominal aorta, bursting into the pleural cavity. Such are the more important papers which appear in the above transactions. The only criticism to be made in regard to most of them, is the notable absence of personal experience and the relation of positive facts. Scientific discussions are without doubt of immense value, but their value is still more enhanced when they are based upon original investigation.

## Pamphlets.

Misplacements of the Uterus; history of cases showing how in many instances they are produced; the accompanying conditions; microscopical examinations. By Mary A. Dixon Jones, M.D., Brooklyn, N. Y. Pp. 32. Reprint from the *Pittsburgh Medical Review*, October, 1889.

The Mode of Entrance of the Bacillus Tuberculosis into the System. By Lawrence F. Flick, M.D. Pp. 9. Reprint from the *TIMES AND REGISTER*, October 19, 1889. Medical Press Co., Limited, Philadelphia, 1889.

How to take Care of the Lungs. By Lawrence F. Flick, M.D. Paper read before the Alumni Association of the Philadelphia College of Pharmacy at its Fifth Social Meeting, February 12, 1889. Pp. 14. Burk and McPetridge, printers, Philadelphia, 1889.

THE Belgians drink more spirituous liquors than any people in Europe.



## The Medical Digest.

**MECHANICAL** treatment of erysipelas was practised in twenty-four cases by Professor Woelfler, with success in twenty-one cases, chiefly of the face and body. Adhesive plaster was carefully applied in strips.—*Wien. Klin. Wochensch.*

**SUGAR** in the urine of puerperal women was found in four-fifths of all cases examined by Dr. Ney, who regards it as a physiological condition. It begins with the accession of the lacteal secretion, and is more pronounced in those women in whom the latter is more abundant. Mastitis and fissures which result in stasis of the milk, favor the appearance of sugar in the urine. There is none present in women who have no supply of milk. Infants thrive best when nursed by women who have the most sugar in their urine, because in these the lacteal secretion is most abundant and nutritious. Hofmeister had shown that the sugar found in the urine of puerperæ was milk sugar, not grape sugar. It is carried into the blood by transudation from overfilled milk tubes, and excreted by the kidneys.—*Arch. f. Gynæk.*

**SALINE HYPODERMIC INJECTIONS IN POST-PARTUM HEMORRHAGE.**—In the Dresden Lying-in Hospital the plan of introducing a large quantity of a solution of common salt under the skin has been very successfully employed in several severe cases of post-partum hemorrhage. The solution is of the strength of 0.6 per cent., and the quantity injected is a liter, or a little under a quart. The spots selected for the injection are the infra-clavicular and the inter-scapular regions. During the progress of the operation the swelling produced under the skin must be manipulated by a sort of shampooing movement so as to disperse the liquids as much as possible. The water with which the solution is made must be sterilized or well boiled. The advantages of the plan are that it can be easily carried out by any medical man, as it is far less difficult than transfusion, besides which it is not so dangerous. Dr. Münchmeyer considers the plan so suitable for private midwifery practice that he suggests a little apparatus, which is made on purpose for it, that should always be carried in the obstetric bag, together with the proper quantity of common salt. Boiled water can always be procured, and this, when cooled down to the temperature of the body, 98.6° F., will do very well, though in hospital clinic he employs a more strictly sterilized solution.

—*Lancet.*

**OPERATION AND PROGNOSIS OF LINGUAL CANCER.**—During the past thirteen years ninety-one extirpations of the tongue for cancer have been done in Volkmann's clinic. In fifty-six partial excisions the mortality was 0 per cent., in thirty-five complete ones 5.7 per cent. These favorable results induced Volkmann to publish the technique and after-treatment he pursues.

Volkmann does not tie the lingual artery, nor do tracheotomy. When it is possible to bring the tongue with its tumor in front of the teeth, he excises

through the mouth; in the severe cases Langenbeck's method of temporary section of the lower maxilla is practised by means of an ordinary saw. The palato-glossal arch is severed each time, and later a drainage tube is put into the tonsil-niche. After thorough extirpation, the wound is united by bringing mucous membranes as near as possible together. The maxilla is united by silver wire, and produces either bony or ligamentous (useful) union; sometimes partial necrosis. The œsophageal tube is not used. Operation close to the epiglottis is declined. After the thirty-two severe cases, the average duration of life was twelve months; one man lived over six years. Among the fifty six partial excisions seven remain alive; the shortest period of survival, eight months; the longest six years.—*Krause, Ctbl. f. Chirurgie.*

### THE SURGICAL TREATMENT OF VOLVULUS.

—Dr. Nicholas Senn, in an elaborate article on this subject, has deduced the following conclusions:

1. The predisposing causes of volvulus are either congenital or acquired, and consist in elongation of certain segments of the intestine, abnormal length of mesentery and adhesions.
2. Irregular distribution of intestinal contents and violent peristalsis are the most important exciting causes.
3. Volvulus is most frequently met at the sigmoid flexure and the lower portion of the ileum.
4. Secondary volvulus on the proximal side of other forms of intestinal obstruction is not a rare occurrence; it is also frequently developed during an attack of peritonitis.
5. As a rule, the symptoms are more acute and intense if the volvulus is located above the ileo cæcal region.
6. Vomiting in cases of volvulus of the sigmoid flexure is not a constant symptom.
7. The most important physical sign of volvulus is a circumscribed area of tympanites, which corresponds to the location of the volvulus; but this sign is only of value before general tympanites has set in, and, therefore, enables the surgeon in many cases to make an early and positive diagnosis.
8. All cases of volvulus should be treated by laparotomy, if reposition cannot be accomplished by rectal insufflation of hydrogen gas.
9. Reposition should not be attempted without evisceration.
10. Evacuation of intestinal contents by a free incision should be practised in every case where general distension of the intestines is present.
11. Enterectomy becomes necessary if any considerable portion of the intestinal wall has become gangrenous.
12. Irreducible volvulus should be treated by establishing intestinal anastomosis, with permanent exclusion of the seat of obstruction from the active fecal circulation.
13. Recurrence of volvulus can and should be guarded against by shortening the mesentery, by folding it upon itself parallel to the long axis of the bowel and suturing the apex of the fold to the root of the mesentery.—*Medical News.*

## Medical News and Miscellany

TYPHOID malaria is prevalent in Jersey City.

LUDLOW, Ill., has several cases of diphtheria.

ANOTHER Yale student has died of typhoid fever.

Dr. W. E. McChesney has removed to Tonawando, N. Y.

A new medical society has been organized in Pittsburgh.

THE Edinburgh School for Medicine has twenty-two women students.

ST. LOUIS physicians are making experiments to test hypnotic influence.

CELERY has been used by the Egyptians as a specific for sea-sickness.

THE *American Analyst* says there is an alarming increase of alcoholism in Europe.

A NEWTON, L. I., butcher furnishes the New York people with sausages made of horse flesh.

As a substitute for quinine the *American Garden* recommends onions for the cure of malaria.

FOURTEEN per cent. of the lunatics under treatment in France owe their insanity to alcoholism.

EDMUND YATES states that twenty-eight officers of the German army committed suicide in one month.

ANOTHER victim of cigarette smoking; this time in Connecticut, where there is an existing cigarette law.

THROAT specialists say that American tobacco is more irritating to the throat than the high grades of Turkish tobacco.

IN Iowa even a prescription fails to obtain liquor for those who ever use it as a beverage. Rattlesnakes are dead stock there.

IN these days of microbes what dire calamities lie in wait to slaughter the innocent gamin as he smokes his prized cigar stump.

THE new City Hospital at Baltimore, under the care of the Sisters of Mercy, was opened on Monday with impressive ceremonies.

THE quantity of artificial infant food annually consumed in the United States amounts in value to from \$8,000,000 to \$10,000,000.

THE low rates of mortality of the past few seasons show that an increased unhealthfulness does not result from humidity of the atmosphere.

NEW YORK recently has had the lowest rate of mortality that has been reached in the period covered by the annals of the Health Department.

LONDON HOSPITAL cautions people against going too long without food, and allowing the period of hunger to pass, and fatigue and depression to set in, when the desire for food is gone and with it the ability to properly digest a meal.

THE Association of American Anatomists meets at the University of Pennsylvania on December 26, 27, and 28, under the Presidency of Dr. Leidy.

THE *London Hospital* urges the necessity of sufficient sleep for the brain-worker. So does the interested party. The trouble is to get the sleep.

IT is said that children swap chewing gum from mouth to mouth. Diphtheria was communicated in this way to a number of playmates recently.

THE leaders of a gang of opium smugglers that have infested Puget Sound, were arrested with two thousand dollars worth of opium in their possession.

DR. SARGEANT, of Harvard College, says that those who have been most successful in heavy gymnastics are also subject to nervous complaints.

To break up a cold and prevent a cough, the *British Medical Journal* prescribes twenty grains of salicylic acid in liq. ammon. acet. three or four times a day.

"MORTON'S TOE" is a disease that comes from wearing tight shoes, where the end of one of the nerves of the foot is squeezed between two of the toes.

SAYS a journalist—our grandfather's clock may do for us now, but our grandfather's physician never would in the world, and our grandfather's surgeon still less.

THE split in the St. Louis Medical Society appears to be irreparable, the faction which imported political methods being left quietly to enjoy them alone by the other members.

LUMBAGO.—A valuable internal remedy:

R.—Ext. Cimicifugæ fl . . . . . 1 oz.  
Celerina (Rio) . . . . . 7 oz.

M. Sig.—Teaspoonful every four hours.

THE Brooklyn Board of Health has caused the arrest of three faith curists who attended a mother and child sick with diphtheria, to the exclusion of medical treatment.

If the European influenza is not a forerunner of cholera, it may be followed by an epidemic of the Brazilian type, that, like itself, will first affect the St. Petersburg court.

CINCINNATI owns two babies, born within a week of each other, provided with well formed teeth. N.B.—A wise provision of nature in preparing them for tough Cincinnati beefsteaks.

CORRECTION.—In a letter received from Dr. A. M. Fernandez, he requests us to make the following corrections in a report recently published in this journal: "I did not give morphine to my patient; I did not call nature 'Dame nature'; the 'fourthly,' as he calls it, was born before Dr. Wilson's arrival; the figure indicating the circumference of the head of one of the foetuses is wrong; I never said 'we succeeded perfectly,' nor 'that there is a similarity between my case and the bond of union in the celebrated Siamese twins.'"



PROF. WESTPHAL, of Berlin, a brilliant lecturer and distinguished authority on mental disease, has himself fallen a victim to the disease he so successfully combated in others.

A YOUNG physician who desires a location can hear of a good one by addressing this office. The applicant must be a practical temperance man, though not necessarily a teetotaler.

THE French Academy of Medicine has proved that of all the essences that can be used in the preparation of absinthe, the essence of wormwood is the most toxic and consequently the most dangerous.

THE Isle of Man is particularly free from consumption and kindred ailments, although the fishermen's huts have earth floors, which in rainy weather become mud and seem peculiarly contributive to lung diseases.

THE search for smuggled opium carried on in San Francisco is a failure, owing to precautions taken by the smugglers, who have ceased operations, the supply of opium stored being sufficient for a year without occasioning any embarrassment in the trade.

A CANADIAN practitioner, through absent-mindedness, prescribed bisulphate of morphine instead of quinine. The drug clerk, perceiving an error, substituted sulphate of morphine. The result was fatal, and a double suit is pending to settle the question of who caused the death.

A Plymouth, Pa., father, who lost two children by the fever epidemic of 1885, brought suit against the Plymouth Water Company for providing impure water, thereby causing disease and death; but the case was non-suited, evidence being brought to prove that the nurse contaminated the water.

THE mother of a medical student in Vienna who was afflicted with blood-poisoning, had all knowledge of her suffering kept from her son lest it injures his chances of success, and died from a too long delayed amputation on the same day that he passed with honor his examination for a doctor's degree.

DR. WHARTON SINKLER was elected President of the Nurses' Protective Association. The object is to give sick benefits to all nurses who are indisposed, and to afford them protection—though it is not stated from what. If it be from the fatal malady which deprives us of our best nurses—matrimony—the Association has our hearty support.

A GERMAN railway engineer, whose presence of mind saved a disastrous collision, has since become a wreck from the effects of the great nervous strain. His legs are benumbed, there is a diminution of nervous sensibility over the entire body, and his digestion and memory are impaired. Besides this he is afflicted with an inability to sleep.

THE Open Court Publishing Company, of 169-175 La Salle Street, Chicago, Ill., announces the immediate appearance of the authorized translation of M. Th. Ribot's "Psychology of Attention." The monograph of M. Ribot, who is now Professor of Experimental and Comparative Psychology at the College

de France, and Editor of the *Revue Philosophique*, has been characterized by a prominent French critic as the most important production of the French philosophical press for the present year.

ABOUT one hundred professional nurses from the hospitals of the city met in the lecture-room of the College of Physicians, to form a beneficial association for members of their profession. Dr. Wharton S. Sinkler, of the Philadelphia Hospital, presided, and brought forward several schemes for paying sickness and death benefits to the members of the new society. A committee consisting of Henry Hodgeson, Max Neuman, Miss S. G. Haydock, of the Woman's Hospital; Miss I. G. Shaeffer and Miss Josephine Durkee, of Blockley Hospital, was appointed to examine the constitutions proposed, and to submit reports on them at the next meeting, which will be held on December 17, at the College.

THOSE who claim to see grave dangers to the community in hypnotism may thank us for giving a remarkable proof of the correctness of their assumption. It can no longer be doubted that one person of powerful intellect can obtain such a control over another individual as to compel the latter to do certain acts irresistibly and unconsciously. Thus, we have hypnotized the editor of the *Texas Health Journal*, and compelled him to republish, word for word, a review, without credit, of Sajous's Annual, which appeared some time ago in THE TIMES AND REGISTER. Unfortunately, the demonstration is incomplete, as we forgot to hypnotize the printer, and the result is a racy originality as to spelling, which is all his own.

#### To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows. Address all communications to 1725 Arch Street.

### Army, Navy & Marine Hospital Service.

*Changes in the Medical Corps of the United States Navy for the week ending December 21, 1889.*

KITE, J. W., Assistant-Surgeon. Promoted to be a Passed Assistant-Surgeon.

STONE, E. P., Assistant-Surgeon. Promoted to be a Passed Assistant-Surgeon.

NORTON, O. D., Assistant-Surgeon. Promoted to be a Passed Assistant-Surgeon.

HENRY, CHARLES P., Assistant-Surgeon. Placed on the Retired List.

PICKERELL, GEO. MCC., Assistant-Surgeon. Ordered to Navy Yard, Washington, D. C., for temporary duty.



## Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Acute pelvic inflammation, the abortive treatment of, Haddon. *Atl. Med. and Surg. Jour.*, Dec., 1889.  
 Aneurism in each popliteal space, Michael. *Maryland Med. Jour.*, Nov. 23, 1889.  
 Azione biologica della bebirina, Weinert. *Giornale Medico*, Ottobre, 1889.  
 Brain specimens, chiefly illustrating localization, Mills. *Univ. Med. Mag.*, Nov., 1889.  
 Cocaine in labor, Wagner. *Therap. Gaz.*, Nov. 15, 1889.  
 Cystic tumor of conjunctiva produced by striking the eye with bristles of a hair brush, Phillips. *Atl. Med. and Surg. Jour.*, Dec. 1, 1889.  
 Catarrhal neuralgia. *Med. Rec.*, Dec. 7, 1889.  
 Creosote, record of, Strong. *N. Y. Med. Times*, Dec., 1889.  
 Case of tubal pregnancy treated successfully by electrical foeticide, G. M. Edebohl. *Med. Rec.*, Dec. 7, 1889.  
 Catarrhal neuralgia, A. G. Hobbs. *Ibid.*  
 Case of cerebral tumour successfully removed by trephining, R. Parker. *British Med. Jour.*, Nov. 30, 1889.  
 Consecutive cases of abdominal section, Mayo Robson. *Ibid.*  
 Case of mania transitoria, Bell. *Ther. Gaz.*, Nov. 15, '89.  
 Duration of contagion in scarlet fever, Wood. *Therap. Gaz.*, Nov. 15, 1889.  
 Delirium tremens, Johnson. *Southern Clinic*, Dec., 1889.  
 Dermatitis papillares, Heitzmann. *Jour. Cutan. and Genito-Urinary Diseases*, Dec., 1889.  
 Dürfen syphilitisch-infizierte Aerzte ihre ärztliche Thätigkeit fortsetzen? Neisser-Breslau. *Deutsche Medizinal-Zeitung*, 21 Nov., 1889.  
 Die temporäre Resektion des Schädeldaches on Stelle der Trepanation, Wagner. *Centralblatt f. Chirurgie*, 23 Nov., 1889.  
 Le rôle de la bacteriologie dans la clinique, Jaccoud. *La France Méd.*, Nov. 26, 1889.  
 Ears, examining in troublesome coughs, Palmer. *N. C. Med. Jour.*, Nov., 1889.  
 Etiology and prophylaxis of typhoid fever, Fuller. *Brooklyn Med. Jour.*, Dec., 1889.  
 Elastic ligature, in rectal fistulae, Crowell. *Brooklyn Med. Jour.*, Dec., 1889.  
 Experimental research as to action of natural and artificial salicylic acids and their salts of sodium, Charteris and Maclellan. *Brit. Med. Jour.*, Nov. 30, 1889.  
 Fibroma diffusum of the labia minora, Collyer. *Amer. Jour. of Obstetrics*, Dec., 1889.  
 Gynaecology and abdominal surgery, some practical points in, Walker. *Can. Pract.*, Nov. 16, 1889.  
 Hæmatoma of sterno-mastoid in infants, Macdonald. *Ibid.*  
 Herpes Zoster, clinical notes on, Greenough. *Boston Med. and Surg. Journal*, Dec. 5, 1889.  
 Hypodermic use of mercurials in the treatment of syphilis, L. Wolff. *Therap. Gaz.*, Nov. 15, 1889.  
 Intestinal diseases of children during hot weather, Hooper. *Jour. Amer. Med. Ass'n*, Dec. 7, 1889.  
 Impaired vision as the result of sunstroke, Baker. *Journal Amer. Med. Ass'n*, Dec. 7, 1889.  
 Introduction to a discussion on placenta prævia, J. Braxton Hicks. *British Med. Jour.*, Nov. 30, 1889.  
 Influence of opium on uric acid, in health and disease, Haig. *Br. Med. Jour.*, Nov. 30, 1889.  
 Laboratorio di bacteriologia e microscopia della direzione di sanità publica, Stora e Caporaso. *Gior. Med.*, Ott., 1889.  
 La controestensione combinata colla sospensione in un caso di sciatica, Gottardi. *Ibid.*  
 Lupus erythematosus, a case of, presenting unusual complications, Hardaway. *Jour. Cut. and Gen.-Ur. Dis.*, Dec., 1889.  
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Notes on Hoang-Nan, Shoemaker. *Ther. Gaz.*, Nov. 15, 1889.  
 One cause of typhoid Parker. *Med. Record*, Dec. 7, 1889.  
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 Purulent peritonitis, Jewett. *N. C. Med. Journal*, Nov., 1889.  
 Pus accumulations in the female pelvis, the origin and treatment of, Ashby. *Maryland Med. Jour.*, Nov., 1889.  
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 Primary cancer of the gall-bladder and bile-ducts, Musser. *Bost. Med. and Surg. Jour.*, Dec. 5, 1889.  
 Peritonite suraiguë au cours d'une double pyosalpingite blennorrhagique latente, Thiroloix. *La France Méd.*, Nov. 28, '89.  
 Puerperal convulsions, E. P. Hind. *Ther. Gaz.*, Nov. 15, 1889.  
 Position after delivery as a cause of uterine displacements, Campbell. *Therap. Gaz.*, Nov. 15, 1889.  
 Reflex nervous phenomena, due to preputial contractions, Bruce. *Canada Lancet*, Dec., 1889.  
 Report of one hundred and eighty-seven cases of midwifery in private practice, Zakrzewska. *Ibid.*  
 Some clinical notes on the work of M. Apostoli, Hobart. *Boston Med. and Surg. Journal*, Nov. 28, 1889.  
 The American Academy of Medicine, Connor. *Jour. Amer. Med. Ass'n*, Nov. 30, 1889.  
 The possible danger of injury to the middle ear cavity by the use of nasal atomization, Richardson. *Ibid.*  
 The Morton lecture, Marshall. *Lancet*, Nov. 23, 1889.  
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 Typhoid fever, diagnosis, Fuller. *Brooklyn Med. Jour.*, Dec., 1889.  
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 Ueber die klinische Bedeutung des Erythema nodosum und verwandter Hautausschläge, Bäumlér. *Internat. Klinische Rundschau*, 27 Oct., 1889.  
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 Vital and medical statistics, Billings. *Med. Rec.*, Nov. 30, 1889. (Lecture II), *Ibid.*, Dec. 7, 1889.  
 Vicarious hemorrhage, Ker. *Ocid. Med. Times*, Dec., 1889.  
 Vaginal hysterectomy for cancer, Reed. *Cinc. Lancet-Clinic*, Dec. 7, 1889.  
 Vaginal hysterectomy recovery, Sataw. *Sei-i-kwai Med. Jour.*, Sept., 1889.  
 Wann und in welchem Umfange ist die lokale Behandlung von Nasen- und Halskrankheiten in Badeorten indiziert? Haupt. *Deutsche Med. Ztg.*, 21 Oct., 1889.  
 Welches Stethoskop soll der Arzt gebrauchen? Pel. *Berliner Klin. Wochenschrift*, 28 Oct., 1889.  
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 Wound infection, the bacterial cause of, Renz. *N. W. Lancet*, Dec. 1, 1889.  
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 Zur älteren Geschichte der klinischen Helminthologie, Hubert. *Deutsches Archiv*, Oct., 1889.  
 Zunge, über Aktinomykose der, Mayo. *Internat. Klinische Rundschau*, 20 Oct., 1889.  
 Zur Genese der Höhlen im Rückenmark, Miura. *Archiv für pathol. Anat. u. Physiol. und für Klin. Med.*, 2 Spt., 1889.  
 Zur Lehre von der Hetrologie der Entstehungsweise und den Formen der acuten Peritonitis, Pawlowsky. *Ibid.*  
 Zur Würdigung der Suggestivtherapie, Hirt. *Wiener Med. Presse*, 10 Nov., 1889.  
 Zweizeitige Inzision eines Leberechinokokkus, Hendenreich, Nancy. *Deutsche Med. Zeit.*, 21 Nov., 1889.

## A Serious Episode in a Legal Contest about a Trade Mark.

From *The Doctor*, November, 1889.

The sweet calm that usually characterizes all divisions of the world of medicine—the professors of “the healing art” and those who supply the professors with their remedies—the sweet calm has been rudely broken. Professors and purveyors have taken part in disturbing a peace which should be characteristic of both divisions, and the outer world has been shocked and amused, but much more shocked than amused, to hear of well-known doctors and great business houses belaboring each other in the newspaper press in a manner quite worthy of the *Arkansas Howler* and the *Arizona Kicker*.

It is only a few weeks ago that Dr. William A. Hammond, of Washington, and Dr. Lewis A. Sayre, of New York, vigorously belabored each other with stuffed clubs, while the *Western Medical Reporter* danced wildly about the pair and impartially whacked each in turn.

Close upon the heels of this disturbance comes a serious development in the struggle of the Eisner & Mendelson Co. against Messrs. Tarrant & Co., all of New York, to determine beyond question the proprietorship of the “Johann Hoff’s Malt Extract” trade mark. The Eisner & Mendelson Co. claim such proprietorship with all its privileges, which they assert that Messrs. Tarrant & Co. have infringed, and their proceedings against Messrs. Tarrant & Co. have finally resulted in calling forth charges of “false swearing,” “fictitious court decisions,” “lying affidavits,” etc., from the latter parties. Messrs. Tarrant & Co. have published their charges of perjury, etc., against Mr. Hoff, represented here by the Eisner & Mendelson Co., in various medical papers, thereby very naturally creating a good deal of sensation, and even inducing some journals to take a decidedly partisan view of the matter. One even goes so far as to say, not in its advertising department, but *editorially*: “The admission by Max Martin Hoff that he committed such a crime amounts practically to a concession that his article is a substitute for the *genuine Hoff’s Malt Extract*, imported by Tarrant & Co., of New York. To avoid imposition hereafter, practitioners should be careful to note that the Hoff’s Malt Extract they want is only that imported by Messrs. Tarrant & Co.” This paragraph has the trail of the advertising agent all over it.

The case being an interesting one and the charges brought by Messrs. Tarrant & Co. so acrid and sweeping, especially for publication in medical papers which are supposed to live upon a very elevated ethical plane, I have talked with both the interested parties with the following results.

Mr. Main of Tarrant & Co., merely set forth in a general way the statements so often made public by his firm, that they were the original agents in this country for Hoff’s Malt Extract which was introduced here by Leopold Hoff; that theirs was the genuine, original preparation; and that the one sold by the Eisner, Mendelson Co. was a substitute—and, I suppose by implication, a humbug.

Mr. Eisner of the Eisner & Mendelson Co., placed before me a printed volume of court proceedings in which he said I would find evidence in abundance of the false position taken and maintained by Messrs. Tarrant & Co. “The attempt of Messrs. Tarrant & Co.,” said Mr. Eisner, “to raise a cloud of dust, and so hide the true issues of this case, is so palpable that we wonder anyone is deceived by it. Does it not seem strange, to go right to the pith of the matter, that if they are the wronged parties as they have claimed; that, if it is true we are selling a poor substitute malt extract under a title which belongs to them, they should always be placed in the position of defendants? So far the only charge brought by them is the one against Mr. Max Martin Hoff, a charge of perjury, which can easily be shown to be due solely to a precipitous, not a false step. The Supreme Court of the German Empire reversed the decision of the lower court and it is

asserted with great positiveness that Mr. Hoff’s mistake consisted in supposing that the plea of the lawyer Reuling was the decision of the Supreme Court. It was not the decision but it is embraced in the papers bearing upon that decision. The facts of the case remain unaltered in spite of Messrs. Tarrant & Co.’s malicious charge of perjury.

“Here,” said Mr. Eisner, turning over the pages of the printed court proceedings, “look at these passages in the sworn testimony of Messrs. Tarrant & Co., and at their circular issued at various times and see what glaring discrepancies; statements, in some cases so entirely at variance with each other that they are positively ludicrous. Look at this, for instance. In the circular published in several medical papers during October, Tarrant & Co. say: ‘Leopold Hoff introduced the genuine Hoff’s Malt Extract into America in 1866.’ In the testimony in the suit of Johann Hoff vs. Tarrant & Co., Leopold Hoff says under oath in behalf of Tarrant & Co.: ‘I left Vienna because I got tired of working for the popularity of Johann Hoff’s Malt Extract, without having derived any benefit from it, and having sacrificed the best years of my life for nothing. I left Vienna in 1866.’ Which Malt Extract was genuine before 1866, if it was not *Johann Hoff’s* by Leopold Hoff’s own testimony?”

“Further, Tarrant & Co., state in the circular: ‘In 1880, a new firm styling itself Johann Hoff, started up in Berlin. Moritz Eisner, then of Philadelphia, became the American agent.’ How is this statement borne out by their own sworn admission?”

“In the same suit, Johann Hoff vs. Tarrant & Co., on June 27th, 1881, Tarrant & Co. say under oath: ‘Defendant admits, on information and belief, that prior to July, 1869, the complainant (Johann Hoff) had been decorated with orders of merit or knighthood by European sovereigns, and that complainant, or the firm of ‘Johann Hoff,’ had received medals from officers of fairs or expositions, and certificates from societies and individuals.

‘Defendant further answering, admits, on information and belief, that complainant received the silver medal, first class, of the Société des Sciences Industrielles of Paris, the gold medal of the Institute Polytechnique Universelle, and the prize medal in London in the year 1862.

‘Also that complainant had been appointed, at various times, purveyor to certain sovereigns in Europe, and that such testimonials and distinctions were conferred upon plaintiff by reason of the excellence of the malt extract made or exhibited by him.

‘Defendant admits, and charges the fact to be that it received a letter from complainant in the latter part of the year 1878, dated Vienna, November 4th, 1878, and that no letter or communication of any kind was received from complainant by defendant, between the year 1873 and the receipt of said letter dated November 5th, 1878. That in said letter complainant informed defendant that complainant had sent Hoff’s Malt Extract to M. Eisner in the United States, and that said Eisner was his depository.’”

“Does this not prove by their own sworn admission, that the firm of Johann Hoff existed long before 1869, that the same received awards from exhibits, etc., as far back as 1862? How does this compare with their statements now? Their own sworn statement proves that they were notified in 1878 that Johann Hoff had appointed Moritz Eisner as his agent.”

“Either Tarrant & Co. swore falsely in 1881, or they are not telling the truth now.”

“Since 1873 Tarrant & Co. have laid special stress upon the claim that they are selling the genuine ‘Johann Hoff’s Malt Extract.’ On July 1st, they changed the label to ‘Johann Hoff’s Malt Extract, Tarrant’s.’ Consequently they established fully our claim that since 1873 they have been misleading the physicians by statements that they had been selling the *genuine* ‘Johann Hoff’s Malt Extract.’ Now they say they have been selling the same article since 1869. In the



suit above referred to, they state upon oath that they bought Malt Extract, and remitted to *Johann Hoff until 1873*. Which is true, their present statements, or the one they swore to in 1881?"

"In the same year they published a copy of appointment, with the facsimile signature of Johann Hoff, which read as follows:

"This is to certify, that by agreement entered into at Berlin on the 5th day of July, 1869, by the undersigned with Messrs. Tarrant & Co., of New York, the latter have been appointed our sole agents in the United States and British Provinces of North America, for the sale of Johann Hoff's Malt Extract, and 'Hoff's' other Malt preparations, as manufactured exclusively by us. We are also bound by that agreement, during the continuance thereof, not to ship, sell, or consign, either directly or indirectly, to other parties in the United States and British Provinces of North America, Hoff's Malt preparations. We also guarantee that the Malt Extract sold by Messrs. Tarrant & Co. is of our original, genuine make, and prepared at our factories and breweries at Berlin and Hamburg.

"Hamburg, October 1st, 1869.

"The Royal Prussian Counsellor of Commissions,

"Johann Hoff,

"Neue Wilhelm Strasse, No. 1,

"Berlin.

By Leopold Hoff, Attorney."

"From the above it appears that Leopold Hoff acted as attorney for Johann Hoff. Now he appears in Tarrant's statement as manufacturer. For years Tarrant & Co. claimed that no person by the name of Johann Hoff existed in Berlin, and that the Malt Extract sold by Eisner was an imitation. How do these statements compare with the following sworn testimony in 1881? 'Defendant (Tarrant & Co.) denies that by said circular it deceived or intended to deceive any person into the belief that the preparation sold by it was the preparation of the complainant (Johann Hoff), or that the preparation sold by the said Eisner was a false or worthless imitation of the complainant's Malt Extract.'"

"As to the relative qualities of both Malt Extracts, let me call your attention again to their own sworn statements, wherein they acknowledge that Johann Hoff was awarded gold medals and prizes for the excellence and intrinsic value of his extracts. It may occasionally happen, that through a defective cork, a bottle of the article may spoil, because Johann Hoff does not use *Salicylic Acid* as a preservative, although it is found in appreciative quantities in Tarrant's article, and this in spite of the fact that all scientific men condemn its use in food preparations."

Mr. Eisner next asked me to make a note of the following, which he said was strong enough evidence of the genuineness and worth of their "Johann Hoff's Malt Extract."

Henry Leffmann, M. D., Analytical Chemist and Expert, 715 Walnut Street, Philadelphia, Oct. 26th, 1889.

Messrs. EISNER & MENDELSON, Sirs:—In response to inquiries made concerning the relative merits of the "Johann Hoff's Malt Extract," and that sold under the name of 'Tarrant's Hoff Extract,' I may state as follows: That I have during the past eighteen months made a number of examinations of the principal forms of Malt Extract in the market, and have among other matters, satisfied myself, that the Johann Hoff's Malt Extract, as imported by you, is a genuine Extract of Malt.

The judgment of the value of a liquid preparation of Malt will be largely based on the percentage of alcohol, and the presence of any preservative, especially salicylic acid. It may be justly said that the less alcohol found the better, provided its place is not taken by some more objectionable substance. Under such considerations the "Johann Hoff's Malt Extract" possesses a decided advantage over "Tarrant's Hoff's Extract," in the fact that the former contains three and one-half per cent. of alcohol, while the latter has yielded in two samples, four and three-quarters and five per cent. respectively.

Further, I have noted in a number of examinations of the latter article—"Tarrant's Extract"—the presence of salicylic acid, while I have never in repeated examinations of the Eisner & Mendelson "Johann Hoff's Extract" found any trace of such preservative. The effects of salicylic acid have been extensively studied, and the unanimous opinion of sanitary chemists is, that it is very objectionable as an addition to any form of food or drink, and especially objectionable in Malt Extract. From some observations made in my own laboratory, and published in the *Polyclicin* in May, 1888, it appears that not only does salicylic acid wholly suspend the action of diastase, to which Malt owes its starch converting power but that the starch digesting power of the pancreatic secretion is wholly suspended by it. It thus appears that the addition of this body is to render the Extract not only inactive as far as its own function is concerned, but it introduces into the system an injurious substance, and one which interferes with an important function. Sanitary authorities in various parts of Europe have given from time to time attention to the now indiscriminate use of this acid, and have all, so far as I am aware, condemned its employment in any article of food or drink. For this reason, among others as above noted, I am of the opinion that the genuine "Johann Hoff's Malt Extract," as imported by Eisner & Mendelson, is to be preferred. I may say that all the examinations were made on samples obtained in the open market, and in the bottles as originally imported. Yours, Henry Leffmann, M.D., Ph. D., Professor Chemistry Woman's Medical College, and Penna. College, Dental Surgery, Food Inspector Penna. Board of Agriculture.

Finally my attention was called to a copy of the *fac-simile* of Dr. Fordyce Barker's letter testifying to the merits of "Hoff's Malt Extract," which has been liberally circulated by Messrs. Tarrant & Co. The letter bears the name of *Leopold Hoff*, as though it had been addressed to him, whereas this name was never written there by Dr. Barker, but looks very much as though it had been written by Leopold Hoff, himself. Dr. Barker has written on one of these *fac-similes* by the side of the interpolated name, "Leopold Hoff," to the effect that this name was added after he had written and signed the testimonial, which, he has also stated verbally, he intended to apply to *Johann Hoff's* Malt extract, as he knew no other.

The following affidavit was also submitted:

I herewith depose and say: "I called upon Dr. Fordyce Barker during the first week in November, at 24 East 38th street. I called the attention of Dr. Barker to a *fac-simile* letter with his signature attached thereto, purported to be written on the 28th of April, 1888, which *fac-simile* letter is being distributed by Messrs. Tarrant & Co., at the exhibition of the Health Association in Brooklyn, and which contains the following wording:

"I have prescribed quite extensively during the past 20 years, Hoff's Malt Extract, and find it a useful agent in the class of cases for which I have ordered it.

April 28th, 1888.

Fordyce Barker, M. D.

Mr. Leopold Hoff, New York.

Dr. Fordyce Barker stated to me upon questioning him "What Hoff's Extract he thereby meant, and he answered 'The *Johann Hoff's Malt Extract*, as that is the only kind I know, and the only kind which I have used.' He said further that he never knew of any other Hoff's Malt Extract, and never heard of any Leopold Hoff's Malt Extract. He allowed me to use his statement as I may see fit, because his name has been misused in connecting it with Leopold Hoff's Malt Extract. I afterwards sent the *fac-simile* of his letter referred to above, back to him by mail, requesting Dr. Barker to inform me if the words at the foot of the *fac-simile* letter "Mr. Leopold Hoff, New York" were written by him, as they appeared in an entirely different hand-writing from the text of the letter. Dr. Barker returned the same written by his own hand: "This name below was not on the paper when I signed it."

The above statement being true in every particular, I subscribe herewith under oath. Signed, I. A. CRISTADORO.



# LISTERINE.

**FORMULA.**—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria, and Mentha Arvensis, in combination. Each fluidrachm also contains two grains of refined and purified Benzo-boracic Acid.

**DOSE.**—Internally: One teaspoonful three or more times a day (as indicated), either full strength or diluted with water, or in combination with other drugs.

**LISTERINE** is a well-proven antiseptic agent—an antizymotic—especially adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

## Preventive Medicine, Individual Prophylaxis.

**LISTERINE** has long since passed the experimental stage, and thorough clinical test has demonstrated that no other one antiseptic is so well adapted to the general requirements of the Physician and Surgeon, for both internal and external use, as this carefully prepared formula of Benzo-boracic Acid, with vegetable products and ozoniferous essences—all antiseptics and chemically compatible.

Physicians interested in **LISTERINE** will please send us their Address, and receive by return Mail our New and complete Pamphlet of Thirty-six Quarto Pages, embodying

**A Tabulated Exhibit** of the action of **Listerine** upon inert laboratory compounds;

**Full and Exhaustive Reports** and clinical observations from all sources, confirming the utility of **Listerine** as a general antiseptic for both internal and external use; and particularly

**Microscopic Observations**, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A. B., Ph.D., D.D.S., Professor of Operative and Clinical Dentistry University of Berlin, from whose deductions **Listerine** appears to be the most acceptable prophylactic for the carious preservation of the teeth.

## LAMBERT PHARMACAL CO.,

(Please mention  
The Times and Register.)

No. 314 N. Main Street, St. Louis.

## TO PHYSICIANS.



### Milliampere-meter.

FOR INDICATING THE STRENGTH OF CURRENT OR DOSAGE.

The scale is graduated in thousandths of an Ampere, called Milliamperes and has a range from Zero to 1000. Extremes of current employed are never less than  $\frac{1}{4}$  nor more than 1000 Milliamperes. This instrument is indispensable to the physician who desires to intelligently employ electricity in his practice.

**PRICE, \$25.00 NET.**

**BAILEY CURRENT REGULATOR.** For regulating the strength of current or dosage. This NEW instrument perfectly supplants the Switch-board or Cell selector as a means of modifying the current. It is far better, also cheaper. It imposes EQUAL WORK upon all cells of the BATTERY. Current regulation is perfect. From full strength of the battery down to a current so feeble as to be imperceptible to the most sensitive organ, and this without any possibility of breaks in the circuit, or sudden shocks to the patient; a very important feature. With the regulator there is a saving in the number of wires leading from the battery, as only two are necessary.

**Price, \$10.00 Net.**

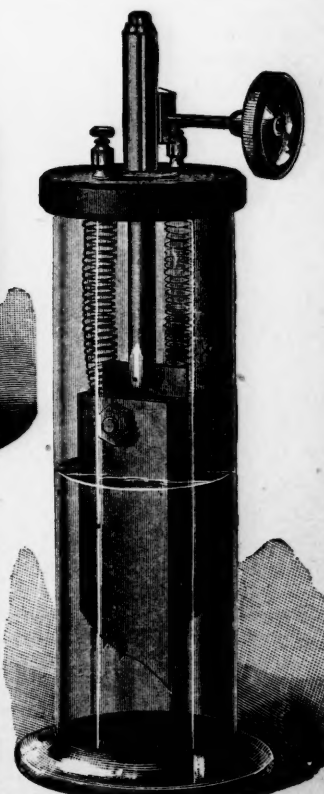


### IMPROVED LAW BATTERY.

NEAT—CLEAN—HANDSOME.  
Efficiency High. Always furnishing a full and reliable current, but requiring no attention whatever in from two to three years, and then only for renewal of Zincs and Sal-Ammoniac consumed in the generation of current. With this exception (costing less than 10 cents per cell). All parts of this Battery are guaranteed to be everlasting, unless the glass be broken by carelessness.

**Price, per Cell, \$1.50.**

Special price to physicians ordering 30 or more, \$1.00 per cell, net.



Bailey Current Regulator.

LAW TELEPHONE COMPANY, 85 John St., New York.

## Notes and Items.

THE State Lunatic Asylum at Harrisburg is overcrowded.

THE West Philadelphia Hospital for Women has applied for a charter.

DR. J. K. BARTLETT died at Los Angeles on November 26, and was cremated.

THE North Philadelphia Medical Society has selected a site for their new hospital.

DR. C. H. NAVOLS, Superintendent of the Bloomingdale Insane Asylum in New York, died on Monday night.

DR. JAMES ROBINSON, of 1321 Pine Street, accidentally shot himself at his home, while unloading an old revolver.

DR. CHARLES MEIGS WILSON gave each of the patients in the Philadelphia Lying-in Charity a Christmas turkey for their families.

THREE members of the Faith Cure Society in Brooklyn, who had refused to administer medicines to patients under their charge, on the ground that they would be violating God's command, have been sentenced to the Penitentiary.

AT THE WRONG BUSINESS.—Physician—What is your profession, sir?

Patient (pompously)—I am a gentleman.

Physician—Well, you'll have to try something else; it doesn't agree with you."—*Life*.

## FORMULA FOR EXALGINE:

R.—Exalgine . . . . . gr. xxxviiss  
Tinct. aurantii cort . . . . . ℥ lxxv  
Aquæ . . . . . f 3 iv  
Syr. aurant. amar . . . . . f 3 j  
M. S.—f 5 bis die. —*Dujardin-Beaumetz*.

## SVAPNIA

OR

## PURIFIED OPIUM

## FOR PHYSICIANS USE ONLY.

Contains the Anodyne and Soporific Alkaloids, Codeia, Narceia and Morphia. Excludes the Poisonous and Convulsive Alkaloids, Thebaine, Narcotine and Papaverine.

SVAPNIA has been in steadily increasing use for over twenty years, and whenever used has given great satisfaction.

TO PHYSICIANS OF REPUTE, not already acquainted with its merits, samples will be mailed on application.

SVAPNIA is made to conform to a uniform standard of Opium of Ten per cent. Morphia strength.

JOHN FARR, Manufacturing Chemist, New York.

C. N. CRITTENTON, Gen'l Agent, 115 Fulton St., N. Y.

To whom all orders for samples must be addressed.

SVAPNIA IS FOR SALE BY DRUGGISTS GENERALLY.

**Doctor, Do you use Bismuth in your practice?**

**Have you used the Subnitrate of Bismuth made by**

**STEVENSON & JESTER, PHILADELPHIA.**

It is the **FINEST SUBNITRATE OF BISMUTH** made, and appears in the market as a white, fluffy, impalpable powder of great bulk. It is of great therapeutic activity, very, very slightly acid, and absolutely chemically pure.

It forms a mixture, when shaken with water, looking not unlike milk, and remains suspended four times longer than any other BISMUTH made. It does not cake when settled; slight agitation being sufficient again to suspend it. **It is the ideal dusting powder.**

Do you use the **COMPOUND SYRUP OF THE HYPOPHOSPHITES**? When you order specify

## Syr. Hypophosphit. Comp.

made by STEVENSON & JESTER, Philadelphia, and you will get a Syrup free from cloud or deposit, and in which each Salt is a PURE HYPOPHOSPHITE. Each fluidrachm or teaspoonful contains:

Strychnine Hypophosphite,	1-120 grain.	Sodium Hypophosphite,	$\frac{1}{4}$ grain.
Manganese	" $\frac{1}{8}$ "	Quinine	" $\frac{1}{4}$ "
Iron	" $\frac{1}{8}$ "	Calcium	" 1 "
Potassium	" $\frac{1}{4}$ "		

Of course, you use **FLUID EXTRACTS**, but you may say they are uncertain. Our **FLUID EXTRACTS** are not uncertain, for in each pint there are (8000) eight thousand grains of the best selected crude drugs, and only the very best that can be obtained are used. Try our **ERGOT** and you will use no other.

**STEVENSON & JESTER, Manufacturing Chemists and Pharmacists,**  
N. E. cor. York Avenue and Willow Street, Philadelphia.

(Please mention The Times and Register.)









Cutaway Coat Suit.

# Cut this Out!

## READ IT!

## ACT!

IT WILL PAY YOU TO ORDER CLOTHING FROM US.

**WE** import all First-Class Fabrics directly in large quantities, make all our garments, and

**SELL** directly to the consumer (that's you) AT FIRST COST.

Before ordering your Fall or Winter Clothing, write, by filling up and mailing this blank to us. You will receive a line of samples to your wishes AT ONCE, free of charge; also directions "How to order by Mail, take measures, and secure perfect-fitting garments."



Sack Coat Suit.

PLEASE WRITE YOUR NAME

AND ADDRESS

Draw a Line Through the Garment, Shade, Weight, and Style of Pattern Preferred.

GARMENTS—Sack Coat Suit—Cutaway Coat Suit—Frock Suit—Pants—Cape Coat—Overcoat.

STYLE OF PATTERN—Checks—Stripes—Mixed—Plain—Quiet—Fancy—Loud.

SHADE—Light—Medium—Dark—Black—Brown—Gray—Mixed.

WEIGHT—Medium—Heavy—Extra Heavy.

PRICES—\$3.50 to \$5.00—\$6.00 to \$8.00—\$9.00 to \$12.00—\$13.00 to \$15.00—\$16.00 to \$18.00—\$19.00 to \$22.00—\$23.00 to \$25.00—\$26.00 to \$30.00—\$31.00 to \$35.00—\$36.00 to \$10.00.

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344 WASHINGTON ST., BOSTON.

Address to **E. O. THOMPSON,**

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MAIL ORDER DEPARTMENT.

## THE GENUINE IMPORTED Johann Hoff's Malt Extract.

### The Standard Nutritive Tonic,

In Convalescence, Dyspepsia, for Mothers while Nursing, for the Weak and Debilitated.

INTRODUCED SINCE 1847. No preparation of Malt has been so long and so extensively employed as a Medical Food, Nutritive, and Tonic.

"As a large number of patients lack the necessary power to digest solid food, and would, through the use of stimulants, be merely excited and weakened, therefore I regard it of immense value to the practitioner to be able to bring to his aid a nutritious tonic and remedy like the genuine Johann Hoff's Malt Extract, which will act not only as a tonic, but as a nutrient as well, and which is less exciting than wine as a stimulant. DR. PROSPER DE PIETRA SANTA, "Place l'Ecole de Médecine, Rue Antoine Dubois, 2, Paris."

"I have used Johann Hoff's Malt Extract for the past five years in my private practice, and have found it to be the best health restoring beverage and tonic nutritive known. I have found it especially good for persons convalescing from fever, in cases of dyspepsia, for mothers nursing, and in cases of weakly children, and also in lung troubles. My attention was drawn by the immense importation semi-monthly, and about a million of bottles imported by you have passed my inspection in the Custom House satisfactorily for the past five years.

Yours respectfully,

W. W. LAMB, M.D., Chief Drug Inspector,  
"U. S. Port, Philadelphia."

**CAUTION.** To avoid imitations please specify "JOHANN Hoff's Malt Extract," imported by "Eisner," when ordering the Genuine article.

**EISNER & MENDELSON CO., Sole Agents,**

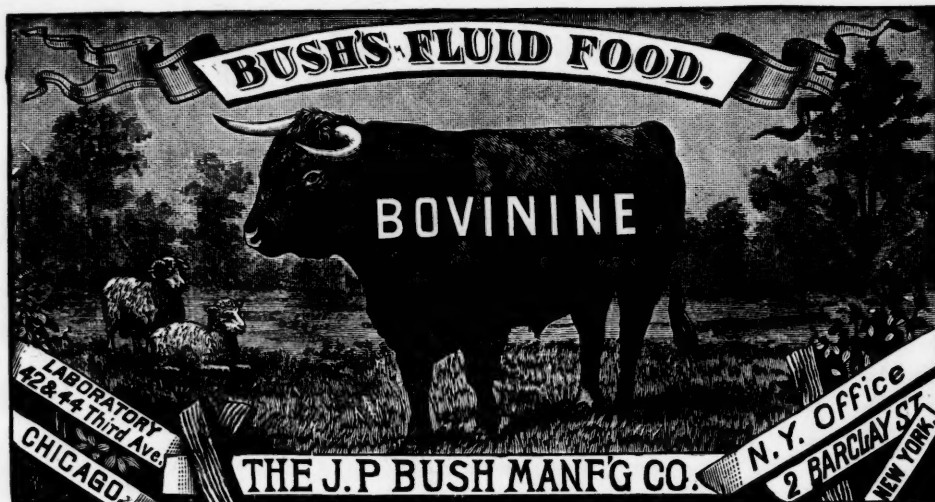
OFFICE, 6 BARCLAY STREET, NEW YORK.

Please mention the Times and Register.



Specify "JOHANN Hoff's" Malt Extract imported by "Eisner" when ordering the Genuine article.

Soothes Ulcerated and Cancerous Conditions  
of the Digestive Tract.



Indispensable in Phthisis, Pneumonia and Acute  
Bronchitis.

## RAW FOOD EXTRACTS AND THEIR VALUE.

FROM AN ESSAY READ BEFORE THE AMERICAN MEDICAL ASSOCIATION AT WASHINGTON, D. C., MAY 6th, 1884,

By B. N. TOWLE, M.D., OF BOSTON.

"Nervous debility and neuralgia are often the results of nerve starvation. They are now, more than ever, the dread of every intelligent physician, and the terror of all business men. The weary hours of pain, and the sleepless nights of those suffering from nervous diseases, are but the beseechings of an exhausted nerve for food. Hungry and starved, they make their wants known by the pain they set up as their only agonizing cry; and no medication will give permanent relief until the hunger is satisfied.

Our research, then, must be to find a more easily digested and assimilated food.

Observation seems to sanction the fact that vegetable food elements are more readily assimilated by persons of feeble digestion than are the animal food elements, and especially when they have undergone the digestive process in the stomachs of healthy cattle. The juices of these animals, when healthy and fat, *must* contain all the food elements in a state of solution most perfect, and freed from all insoluble portions, and hence in a form more easily assimilated than any other known food.

I have used Raw Food Extracts for more than eight years, in a large number and variety of cases, and in no case of malnutrition has it failed to give relief.

I have given it to patients continuously for months, with signal benefit, especially in complicated cases of dyspepsia, attended with epigastric uneasiness arising from enervation, and in nervous debility of long standing. The sudden and full relief this food affords patients who have a constant faintness at the stomach, even immediately after taking food, shows how readily it is assimilated. This faintness is a form of hunger, and is the cry of the tissues for food, not quantity but quality—a food that the famishing tissues can appropriate and thrive upon.

Raw Food is equally adapted to lingering acute diseases. I have used it in the troublesome sequelæ of scarlatina, where there was exhaustion from abscesses in the vicinity of the carotid and submaxillary glands; and in protracted convalescence from typhoid fever, with marked advantage. The cases that I especially value it in are laryngeal consumption and nervous exhaustion, in which cases there is always more or less derangement of the digestive tract, such as pain in the stomach, constipation, eructation of gases, distress after taking food, etc. Raw Food should be taken with each meal, the patients taking such other food as they can readily digest, in quantities suited to the individual case.

It adds much to the nutrition of the patient, overcomes the constipation, subdues the nervousness by increasing the strength, and is just the amount added which is required to secure success."

The unsolicited opinion of Surgeon-General Murray, U. S. A. (Retired).

"It gives me pleasure to give my testimony to the very great value of BOVININE as a dietetic preparation. I have used it for more than a year in a very aggravated case of nervous dyspepsia, and have found it to answer very much better than any of the many preparations or extracts of meat before used.

I find that it keeps perfectly even in the warmest weather; is very easily prepared for administration, and it has proved acceptable and beneficial in every case in which I have known it to be given."

PHILADELPHIA, PA., March 1st, 1887.

Very respectfully and truly yours,

R. MURRAY, M.D.,

Surgeon General (Retired) U. S. A.

SAMPLES SENT TO PHYSICIANS ON APPLICATION.

PALATABLE, NUTRITIOUS AND EASILY ASSIMILATED BY THE MOST DEBILITATED DIGESTIVE ORGANS.

Put up in 6 and 12 Ounce Sizes, at 60 cents and \$1.00 per Bottle.

12 Ounces contain the Strength of 10 Pounds of Meat.

CAREFULLY PREPARED BY THE

# J. P. BUSH MFG. CO.,

2 Barclay Street, Astor House, New York

42 and 44 Third Avenue, Chicago



*Lactopeptine*

**THE DIGESTIVE AGENT**

And most important Remedial Agent in the treatment of

**DYSPEPSIA,**

**Vomiting in Pregnancy**

**CHOLERA INFANTUM,**

**CONSTIPATION,**

And all diseases arising from imperfect Digestion  
and consequent Malnutrition.

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**THE NEW YORK PHARMACAL ASSOCIATION,  
P. O. BOX 1574, NEW YORK.**

SPECIFY "BATTLE" WHEN PRESCRIBING OUR PREPARATIONS.

**BROMIDIA****THE HYPNOTIC.****FORMULA.—**

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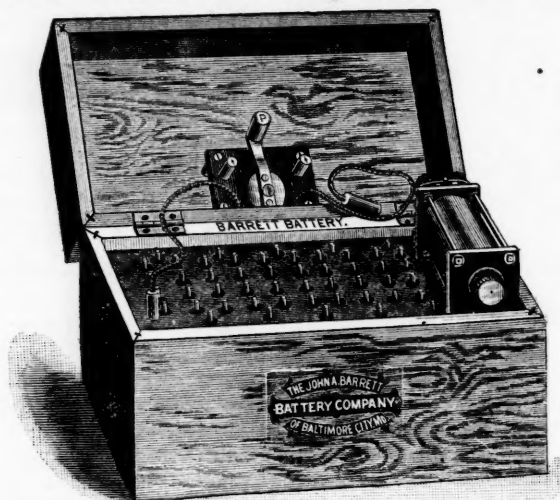


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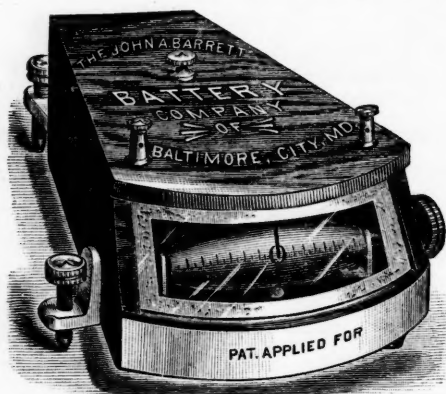
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